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THE PSYCHOLOGY OF PERSONALITY

AN ANALYSIS OF COMMON EMOTIONAL DISORDERS

BY

ENGLISH BAGBY

Associate Professor of Psychology
University of North Carolina

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PREFACE

The rapid development of the Science of Human Behavior during the last twenty years has unquestionably been due to the intensive use of experimental methods. During this period of progress great stress has been placed on "laboratory conditions" and on measurement. Meanwhile, purely descriptive studies have been very largely neglected. This is somewhat unfortunate, for the fact is that certain important psychological phenomena come to attention only when the behavior of the individual is observed over long periods of time as reactions are made to the conditions of ordinary life. This is especially true of the psychological facts which form the subject matter of the present work.

The Psychology of Personality is a study of persistent emotional tendencies. It is a comparatively new department of the general science of Psychology. For this reason present knowledge of the subject is far from complete. For instance, much more is known about the form and genesis of disordered emotional reactions than about the form and development of superior personality

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traits. It will, therefore, be found that in the present text minor disturbances of thinking and conduct are discussed more fully than are normal processes. At the same time, attention is called to the fact that the processes shown by grossly disordered persons are identical in general nature with those exhibited by "average" individuals. Adequate information about the development of superior tendencies will be secured in the future.

Interpretation always proceeds along with the accumulation of facts. In this text an attempt has been made to interpret personality phenomena in terms of conservative theory which takes cognizance of established facts. It has been necessary to develop certain novel concepts, such as the "tension-reduction principle," because no useful treatment of the "drive" has yet appeared in the literature.

My book is inscribed to my genial friend and former teacher, Dr. Knight Dunlap.

E. B.

Chapel Hill, N. C.
November 1, 1927.

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THE PSYCHOLOGY OF PERSONALITY

CHAPTER I

GENERAL INTRODUCTION

Emotional tendencies and efficiency. — Every phase of an individual's life is profoundly affected by his emotional reactions. This is true to a far greater extent than is popularly supposed, although it becomes very obvious when ordinary daily behavior is subjected to a sufficiently penetrating study. In a brief statement it is impossible even to suggest the wide range of effects produced by emotion but, for purposes of illustration, an especially common phenomenon is selected.

A certain man reacts with rage to every important suggestion made by his irritating employer. In the business office he does nothing by word or act to indicate his dissatisfaction, being inhibited by fear. The effect of this emotional situation is most clearly shown in the reduced efficiency of his daily labor, but this is not the most important feature of the matter. Turning to the individual's home life we discover that for many evenings in succession he is very irri-

table, occasionally exhibiting violent and unjustifiable outbursts of temper. Difficulties thus arise with his wife and with the other members of his household and the consequences, immediate and remote, are quite disastrous.

The behavior just described may be contrasted with that of another man who is facing the same difficult conditions of employment. This second individual is likewise angered. However, he promptly seeks an interview with the director of his work, frankly states his complaint, and secures a modification of the distasteful conditions or seeks employment elsewhere.

Bringing the behavior of the two men into contrast, we are observing a difference in *personality traits*. Both individuals confront a somewhat difficult situation, responding to it with rage. Under this prevailing emotional state, the one reacts with an inhibition, a lack of frankness, and carries from the immediate situation a state of suppressed rage which later secures an entirely inappropriate expression. The other is quick to react with a frank protest, secures an immediate solution of his difficulty, and maintains probably a very much more satisfactory home life. The significance of this difference in personality in

relation to the relative efficiency of the two men hardly requires comment.

Traits of personality. — To characterize a "trait of personality," or "an *emotional complex*," in a scientific way, we say that it is a tendency to react with a particular emotion to situations of a certain class and, under the influence of the emotion, to exhibit certain types of thinking and conduct. Such complexes are normally *persistent* characteristics of the individual. That is, the tendencies appear again and again in the course of life. To such an extent is this true that, when we are told that an intimate friend has become emotional and has said and done certain things, we are often in a position to decide the truth or falsity of the report.

Already it has been noted that personality traits, or emotional complexes, are persistent and are significant in relation to efficiency. It remains to comment on their origin, a matter to be discussed in detail later. They are *not* in any primary way determined by the hereditary constitution of the individual, although hereditary factors are important to be sure. Essentially they are products of the training and the experience through which the individual has passed, espe-

cially in the early stages of his development. In general it may also be said that once established they tend to retain a stable form through life. Retraining is extremely difficult.

Importance of the control of personality development. — The relation of emotional complexes to the efficiency of normal persons, and to insanity and some forms of delinquency as well, gives a practical importance to their serious study. Although the development of personality can be controlled in a properly organized educational system, it cannot be said that modern educational agencies are very effective in this connection. Personality development is left largely to the home and to chance experiences, and typical parents are poorly qualified to administer education of this type. While there is an undoubted need of an extension of research in the field of the psychology of personality, available information should be promptly disseminated.

An example of a minor disorder of personality. — It has already been intimated that the present study in the psychology of personality is concerned with certain problems in emotional development. A more precise formulation of the field of interest requires the presentation of the details of an illustrative case-history. Although the

young man whose behavior is to be described is referred to as a patient, it must be recognized that the tendencies for which he was given treatment are characteristic of normal persons. As a matter of fact, his difficulty is quite common in one form or another, and it is a matter of chance that he received special psychological assistance. Had he not received such assistance, he would have remained merely a typical member of the community and no less efficient than most of his fellows.

The patient, a university sophomore, sought assistance in connection with a strong impulse to gnaw the back of his right hand. The tendency had existed for a period of two months and already a large callous area had developed. The patient appeared to be quite ashamed of his inability to secure control of his habit, and said that he had been wearing a glove to conceal the scar, although the weather had not been cold.

The most familiar treatment of impulsive acts of this sort consists in applying acid to the parts which are brought into contact with the mouth. The bitter taste usually establishes an inhibition in short order. The acid technique was used in the present case with apparent success, and on the third day the young man reported that the inclination to bite his hand was no longer troubling

him. However, he called attention to a new symptom. He found himself almost constantly beset by moral worries. Two of these will be recorded, and they seem fairly to represent the whole number that were reported.

He said that he had been walking on a certain street and had seen a short distance in front of him an undergraduate acquaintance who was conspicuous in the university for his almost complete absence of personal charm. Happening to look behind him, the patient saw approaching rapidly one of the most prominent of his friends. He thought, "Shall I walk with the attractive man in the hope of improving my personality and, consequently, add to my effectiveness in Christian work, or is it better to be a friend to the friendless outcast?" He walked with the outcast but later became uncertain about his decision and was unable to sleep during the greater part of the following night. On another occasion he was troubled about his obligation in the matter of neckties. "Should he wear old ones in order that his poverty-stricken roommate might not be embarrassed, or should he wear such ties as would attract the favorable attention of prominent students so that he might associate with them and so develop social charm?" This problem, like its

predecessor, failed to get a satisfactory solution.

The condition of moral uncertainty which has been illustrated persisted for several days. Finally, however, the patient came to report that his distressing condition had completely disappeared and that he was again serene. But, in the course of the conversation, it was observed that he repeatedly bit his *left* hand. Thus, a modified form of the original impulsive habit had developed and, when the fact was called to his attention, he gave unmistakable evidence of surprise and chagrin.

In making a preliminary analysis of the phenomena exhibited in this case, attention is called to the fact that the two impulsive habits and the morbid worry stand in the relation of psychological equivalents. That is, each is replaceable by the others. An original impulsion was inhibited and was replaced by a state of morbid worry. This promptly gave place to a new impulsion. In all probability the process of change could be almost indefinitely prolonged, although this did not actually occur. A change in the method of treatment was too clearly indicated.

When a systematic study of the case was undertaken, customary procedure was followed. An attempt was first made to determine the circum-

stances surrounding the earliest occurrence of hand-biting in the life of the patient. Through the use of many lines of questioning, recall was finally effected, and the following statement was made. During his fifteenth year, the young man had been stricken with measles. This followed a period of private sex practice and, while he lay ill, he had begun to think with intense emotion of his recent misconduct. It was under these conditions that he began to bite his hand. As he said, "I found biting my hand kept me from thinking about my sin." Such a process of "forgetting," accomplished by a distraction-activity, is known as *repression.* It must be admitted, however, that repression is not usually accomplished by the formation of an impulsion and the reason is clear. To individuals in normal circumstances a wide range of distraction-activities are available. Reading, talking to friends, and going to the theater are commonly effective. In the case under consideration, the range of possible distractions was limited by illness. The patient could not move around, and he could not read, because the room was darkened to protect his eyes. It was inevitable, therefore, that some such habit as hand-biting should develop if repression was going to occur at all, and he had shown, indeed, a gen-

eralized tendency to repress from early childhood. It was a fundamental trait of his personality.

In his sophomore year and at the age of twenty, we observe that the patient again begins to bite his hand. The significance of this is clear. The experience with measles has established a habit of reacting in this way to a certain type of moral situation, namely sexual misconduct. It is likely to be a persistent trait of personality, and it appears probable that the present impulsion is a reaction to a new sex difficulty, the nature of which is not yet known.

The new line of investigation revealed the fact that the young man was in difficulty in his relations with his fiancée. Some time previously he and this young woman had begun to permit themselves a certain degree of physical intimacy. This had reached to no extreme lengths but to the patient, who had been trained to a rigorous moral code, it appeared that the young woman had been compromised. The affair had thus become a subject of anxious thought with him and he became eager to break the engagement, though he could not bring himself to do so. His conduct and thinking at the time of the psychological examination becomes intelligible in the light of his present situ-

ation and his past experience. He is again accomplishing repression with hand-biting and, when this is made impossible by acid, emotional distress develops. Then, still not facing the central issue of his life, he begins to transfer his attention to moral questions of questionable importance, being thus able to deceive himself with the notion that his conduct and intention are on an exceptionally high plane.

The whole group of reactions which have been described ceased functioning when the fiancée lost interest in the patient and, being an effective personality, promptly told him so. The situation which had been maintaining the emotional state and the necessity for repression disappeared and, with it, the rest of the complex.

The essential source of maladjustment. — A dramatic return to normal adjustment, such as was exhibited in this case, is common in the experience of the consulting psychologist. In many instances, the patient is forthwith discharged as cured, but this is not justifiable. Merely an episode in a career of maladjustments has passed, and there remains in the individual's personality a persistent emotional trait which will be a source of recurrent inadequacy. The hand-biter reacts to all moral problems with repression, and such a tendency is disabling, since it always keeps him

for a time in a state of emotional excitement with nervous habits and sleeplessness. Before discharge, he should be retrained and taught to face the difficulties of his life promptly and with constructive thinking. When this retraining is complete, and only then, can he be sent back to resume his life unaided.

The problems of the psychology of personality. — The somewhat complex case of the hand-biter has been described primarily to secure illustrative material to be used in a statement of the fundamental problems of the psychology of personality. However, it may be noted that it also reveals the importance of personality traits, their persistence, and their relation to the early experience of the individual. With this in mind, we turn to a formulation of the questions which constitute the field of investigation in this study.

(1) What are the factors in training and other forms of experience which lead to the formation of the more familiar types of disabling emotional tendencies or complexes? For instance, referring to the case of the hand-biter, what experience factors caused the development of the repression tendency? Was it the result of certain chance experiences or of faulty disciplinary technique?

(2) What techniques are available for the

elimination of the more common maladjusting personality traits? What are the principles of treatment to be employed in the elimination of undesirable impulsive habits, for instance? This is the problem of therapeusis.

(3) Finally, what principles may be employed in child-training to insure an entirely satisfactory emotional life? To accomplish this perfection of personality, it is necessary to undertake to develop certain stabilizing tendencies, such as that of facing the disturbing problems of life with constructive thinking. It is also necessary to devise methods which will prevent the formation of disabling tendencies, such as habits of repression. It is perhaps unnecessary to give further illustrations, for the general problem is the familiar one of preventative mental hygiene.

The study which follows is a discussion of these three major problems of personality development and certain other closely related matters. The novelty of the study consists in the fact that it is an attempt to bring together the implications of modern psychiatric research in relation to the training of *normal* children. Furthermore, it is an attempt to develop new concepts of the significance of emotional tendencies in relation to habits of conduct and thinking.

CHAPTER II

ACTIVITY LEVELS

Extremes of activity level. — One of the most familiar types of serious behavior disorder is the reaction known as Manic-Depressive Insanity. Peculiar interest attaches to this condition because of the fact that it represents little more than an exaggeration of a group of phenomena *common in persons who remain in the community with an unimpaired reputation for sanity.* Essentially, it is a disorder of "activity level," and a description of its chief characteristics will give meaning to that term.

When observed in typical form, Manic-Depressive Insanity has two stages which alternate. One stage is called "excitement" and the other, "depression," and each may last for days or years. During the period of excitement, or *high activity level*, the patient shows curious symptoms. Thoughts are expressed in loud tones and with remarkable rapidity, there being an almost constant flow of somewhat incoherent expressions. Conduct is similarly affected, for excessive energy

is expended in behavior, and there is a production of random movements of wide range. Distractibility is prominent. And, finally, fatigue does not seem to develop in the normal way, sleep being induced very slowly. The depressed phase, or *period of low activity level*, gradually replaces the condition of excitement and finally becomes quite the reverse of it. Behavior and thinking are retarded to an extreme degree. There is but little production of spontaneous movements and responses to questions and requests are made slowly and often incompletely. This condition finally subsides and the manic state again begins to develop.

Activity level characterized. — With the phenomena of the Manic-Depressive Reaction in mind, we see that the most normal member of society is subject to a less extreme form of changing activity level. Energy expenditure is always variable, and *the changes which occur have a certain degree of independence of the nature of the task which is being performed.* Of course, it is true that the individual always displays more activity when he is chopping wood than when he is seated at his desk in study. However, the essential fact remains that, if we shall observe him at either task on several different occasions, we shall find a

marked difference in his behavior. At one time his movements will be vigorous and rapid, at another listless and slow. Furthermore, if the activity level be high during a period of some such performance as writing, random movements will be exhibited. There is apt to be a great deal of moving about, the fingers will be run through the hair, there will be tapping of the foot, and other forms of restlessness, or "diffusion." In short, a high activity level in a normal person is characterized by intense energy and, sometimes, by nervous movements; and a low level is marked by reduced energy and an absence of restlessness. The nature of the intermediate stages can readily be inferred.

The concept of tension. — The fact that energy expenditure is, to an extent, independent of external circumstances indicates that changes in the former are related to some changing internal condition. The exact nature of this condition has not been demonstrated, but certainly it may be said to be capable of affecting the intensity of reactions made to all external situations. In fact, it would appear that it should be described as a "*tension.*" The occurrence of diffusion (restlessness), especially, seems to indicate that there is for the time some source of active energy which is not being released in organized behavior. It is only on this as-

sumption that it is possible to explain why the unorganized movements of diffusion are more likely to occur in association with reading than with wood-chopping. The latter, of course, affords more complete energy discharge. On the other hand, when tension is low, diffusion never occurs. If it is extremely low, far below normal, the behavior exhibited will closely resemble the relative inertia of the depressed phase of the Manic-Depressive Insanity. Normal persons do show such conditions periodically.

The study of individual differences in energy expenditure suggests the possibility that an *hereditary factor* is involved. Many persons seem to be constitutionally alert and active while others are sluggish and relatively inert. And again, children appear to resemble their parents in these respects. There is some evidence that these differences in activity level are due to hereditary peculiarities of glandular organization. Thyroxin, whether secreted in excess or administered for medicinal purposes, causes an increase in the energy and the variety of behavior. If the same substance is secreted in deficient amounts, the reverse effects are shown. Thus, the *basal activity level* of an individual may well be determined by the condition of his thyroid glands or of some

other endocrine organs. On this point no more can prudently be said at present, but we turn to a consideration of the factors which modify the constitutional energy expenditure, raising or lowering it. Some of the factors are not primarily of psychological interest, and they will be mentioned only in a perfuntory way.

Factors which determine activity level — general. — It is necessary first to explain that every person shows a fairly constant curve of change for each day period. For instance, some persons are especially active in the morning hours while others are "night workers." These diurnal variations probably reflect *habits of rest and of eating.* If one takes things easily in the early hours of the day, he will normally have an abundance of energy in the afternoon. If he retires early and sleeps long and well, he may be expected to be unusually active shortly after he has awakened, and so for other conditions. In regard to eating, we find that a light but sufficient repast is stimulating, while a heavy meal has a depressing effect. Fortunately, both rest and eating can be controlled to meet particular needs and through their control activity levels can be influenced.

Among the factors which cannot be so directly controlled is *health.* During periods of illness

the level of energy is reduced. If for any reason there be a period of over-activity, compensation follows in the form of an extended interval of virtual prostration. Only with a restoration of health does behavior become normal. It is very important that teachers and parents realize these somewhat obscure effects of poor health. Too often children are disciplined for supposed emotional apathy when they are really suffering from a reduced activity level resulting from poor physical condition. Punishment is absolutely futile in these cases and may be positively harmful. No child should ever be disciplined for a low activity level until he has been declared in good health by a competent physician. Even then a better remedy than the use of the rod can be devised. A more serious interest should be cultivated.

Factors which determine activity level — chemical. — We turn now to a discussion of the *various chemical factors* which affect energy display. Quite comparable with the internal secretions, as far as effects are concerned, are drugs which can be introduced into the system artificially. Caffeine and strychnine are excitants, and the whole class of opiates are depressants. Naturally, the use of these and similiar drugs is common with

persons whose activity levels deviate from the normal. Fatigue effects are regularly overcome by the use of strong coffee when rest, a natural factor, is neglected. In the same way, excessively nervous persons seek an opposite effect with sedatives. Practices of both sorts, with certain specific drugs, are dangerous because the need increases with a continuation of use. This simply means that, when the effects of a particular dose pass off, a deviation from the normal tension in the opposite direction develops, and this deviation is greater than that which led to the taking of the dose. Thus, each compensating dosage must be greater to accomplish an equal effect, until finally the deviations become so great that the individual is quite unable to maintain even a semblance of ordinary conduct without chemical assistance. Such is the usual course of events with the use of the habit-forming drugs.

The two most important factors which affect tension conditions have been reserved for discussion until the less significant ones might have been hastily mentioned. Reference has already been made to fatigue, rest, and sleep; to eating and illness; and to chemical substances, organic and inorganic. The *appetitive-eliminative* and the *emotional processes* remain to be described. Although

they resemble each other in several striking respects, they will be treated separately.

Factors which determine activity level — appetitive-eliminative processes. — Hunger is a typical *appetitive process*, and the period of its existence is marked by the characteristic phenomena of high activity level. It is an active condition of the stomach which arises periodically in the following way. After a full meal has been eaten the stomach is enlarged because the contents distend its elastic structure. However, the vigorous contractions of digestion slowly force the food material out and into the upper intestine. The effect of this is a gradual decrease in the volume of the organ and, when the reduction has reached a certain point, sense-organs lying in its walls are stimulated. This stimulation is the source of a marked activation of the nervous system and, consequently, excessive energy is exhibited in behavior. Attention is called to the fact that in the particular case of hunger it is possible to indicate the locus of the "tension" which releases excess energy. It is in the maintained tonus and the active contractions of the stomach walls. While hunger tensions are generally quite promptly reduced by the taking of food, if this is postponed for any reason, increasing energy will be displayed in whatever acts do

occur. And likewise, diffusion is likely to appear. The illustration of wood-chopping and study might be again invoked to show this.

In reference to processes which resemble hunger, bladder and bowel tensions should be mentioned. In each case there is an accumulation of materials which exert heavy pressure on the walls of containing vessels. Sense-organs are thereby stimulated and increased nervous activity results. For example, when children or adults neglect to micturate for a time, they begin to show signs of nervousness which persist until the tension is relieved. The same is true, but to a less degree, of bowel tensions.

Factors which determine activity level — the emotions. — It is almost unnecessary to state that the activity level of an individual is seriously affected by his *emotional reactions*. For instance, fright always produces an increase of energy, and depression leads to a reduction. The point is that an emotional reaction involves, in part, the production of changes in the visceral organs which are in some ways parallel to appetitive tensions. Reference is here made to the alteration of the contractions of the heart, to the variation in the depth and rapidity of respiration, and to other *internal* changes. The activities of these organs

are always a source of stimulation of the nervous system and when modification occurs, whether in the direction of increase or decrease, the energy and variety of conduct is affected. We may then speak of emotional excitement or depression, or of high and low emotional tensions.

Emotional processes differ from appetitive ones in several important respects. They show no such marked periodicity, they are reactions to situations, and they may have a positive or a negative effect on the basal tension. In contrast, the appetites arise at regular intervals through *direct* changes in the functioning of the tissues of the body, and they always have a positive effect on energy expenditure. It is true, as intimated, that emotional tensions are created and maintained by the nervous system or, more ultimately, by an external situation which releases impulses through the nervous system. However, internal emotional processes and appetitive tensions resemble each other in the fact that each is a source of stimulation affecting activity level. In short, when an individual is under great emotional tension, he will be nervous and show diffusion unless organized behavior accomplishes release. When a low emotional tension exists, behavior will be correspondingly reduced. The question of how the normal

level of activity is restored after an emotional reaction has occurred must await discussion until the process of the formation of motor habits has been described.

At least two types of internal emotional states are distinguishable. One type includes the exciting emotions of fear, rage, and sex. These act to increase energy expenditure. The other type embraces the depressing emotions, which are not well understood. Certainly, however, all members of the human species are capable of making responses which involve a general reduction of activity level. At the present state of scientific knowledge this statement cannot be supplemented, although the matter is one of great importance in the psychology of personality. Further research is clearly indicated.

With the mention of the fact that there are at least three primary emotions, the question naturally arises whether the corresponding internal states differ significantly in detail. Cannon (1) [1] seems to have shown that the visceral phenomena of fear and rage are identical. This observation, made under experimental conditions, does not seem to be challenged. In keeping with the con-

[1] The number in parenthesis refers to information given in the appendix.

tention is the fact that the transition from one to the other is rather abrupt. The case is somewhat different with sex emotion. While it undoubtedly has a nucleus of features in common with the other two, there are details of a specific sort. Reference is here made to changes in the sex organs. The visceral activities of fear and rage are produced by action of the sympathetic division of the autonomic nervous system alone. Some of the details of the sex reaction are traceable to the same group of nerves, but the additional ones are known to be a function of impulses passing through the sacral division. Naturally, therefore, changes from fear and rage to sex reactions and the reverse are relatively slow.

The discussion of sex states is not complete with the mere statement that they arise as a part of an emotional reaction. There is possibly an appetitive form, for sex tendencies seem at times to arise without external stimulation, even indirectly through the intervention of thinking. Moreover, it is possible, as alleged by some, that periodic sexual heat occurs in the human species. At least, an individual is not at all times equally susceptible to sex arousal. This might be taken to indicate that there must be a degree of appetitive tension present if emotional stimulation is to be effective.

It has been further suggested that the appetitive form first begins to function at puberty and is physiologically due to the accumulation of secretions in the genital organs. However, it has not been possible to demonstrate all of this, and Lashley (2) has shown that all of the sensory nerves from the sex organs may be severed without a loss of sex tendencies. This observation makes the contention that there is an appetitive form of sex tension somewhat dubious. Cases which appear to be otherwise inexplicable should be subjected to close study. In some instances it may be possible to show that improperly arranged clothing affords very direct stimulation to the primary zones and, from a study of pathological cases, it is clear that strange stimuli sometimes have a sex value. The phenomenon of "heat," if it really exists in the human species, must be left unaccounted for.

Moods. — Before the subject of the internal emotional processes is dismissed, it is necessary to comment briefly on *moods*, which are nothing more than persistent emotional conditions. The explanation of the persistence of these states can best be given in terms of a specific instance. When an individual is in a worry mood he shows a tendency to continue to think about the subject of

his difficulty, and the more he thinks about it the longer his worry continues. We may look upon this as an example of a "circular reflex" type of process in which the thinking maintains the emotion which in turn maintains the thinking. Thus a self-sustaining reaction complex is achieved. The emotion would not continue as a mood, if it were not for the fact that the individual is not able to think to a "solution of his problem." The hand-biter is an excellent case in point. Having, as he felt, compromised a young woman and being inclined to desert her, he was confronted by a situation to which in the nature of things he had no solution. When the girl released him from his obligations, the train of fruitless thinking was interrupted and the worry disappeared.

Emotional transference. — Considerable importance attaches to the various effects of moods on efficiency. The most interesting consequence is known as *emotional transference*, and an illustration of this has already been given. It will be recalled that a man has been described who had certain difficulties with his employer. Although much irritated, he was afraid of losing his means of livelihood and he went from his office with a

rage tension that had not issued into consummatory behavior, as it is sometimes called. Brutality to his wife and children represented an effect of the unreduced tension of rage. This is an example of emotional transference and the principle of the process is as follows. During the period of the existence of an emotional state the individual is hyper-reactive with that emotion. That is, he will react violently to a situation which normally would be almost ineffective. From this it is seen that transfer occurs in sex emotion when the disappointed lover is "caught on the rebound" after an engagement has ended abruptly. And it occurs with fear, as when a frightened person alone in a house reacts intensely to every slight sound.

Other effects of prolonged emotional conditions. — In addition to transfer, intense prolonged moods have other maladjusting effects. During the period the individual shows diffusion, trembling perhaps, over-energetic movements, and an impaired ability to concentrate. If he should happen at the time to be occupied with a task requiring fine focus of attention and skilled movements, he will be incompetent. Kempf (3) has called attention to the fact that industrial accidents are often

traceable to moods, especially fear and rage. Add to these the difficulties which, in common observation, are due to high emotional tensions and a case is made against intense persistent moods. In other words, no one should permit himself to stay in a serious emotional condition for a long period.

Summary. — In this chapter an attempt has been made to describe the factors which determine energy expenditure. The factors have been shown to be numerous and widely different in nature, but always to have a positive or a negative effect. The activity level under which an individual is operating at any particular moment is the algebraic sum of the factors which are influencing the tension condition in his system. For instance, we may find fatigue, caffeine, and sickness functioning together, or, when tension is high, no matter what the cause may be, whether drugs, endocrines, or others, all exciting emotions will have the effect of producing over-intense emotional conduct. The emotional tension will have been superimposed on an already high general tension condition. Similarly, a depressing situation will not create the extreme apathy which it often does if an existing high tension has been prevailing.

It should be concluded that many possibilities have to be considered when one is attempting to account for a particular activity level. It may be a very complex product, involving all of the possible factors. A very exhaustive study of the circumstances is indicated.

CHAPTER III

CONDITIONED EMOTIONAL REACTIONS

The process of conditioning. — More than twenty years ago, Pavloff (4), working in his Russian laboratory, performed some experiments on dogs which were destined later to have an important bearing on problems of human behavior. We shall review here only the most pertinent phases of his work. In the first place, Pavloff was able to show that when acid is placed on a dog's tongue it is an adequate stimulus to the reaction of the salivary glands. The term "adequate" is here used as a technical expression, and it applies only to stimuli which are effective in all of the members of a species because of their hereditary constitution. It is in this sense that acid proved to be an adequate stimulus to the secretion of saliva. And, in contrast with acid, the ringing of a bell proved to be inadequate. The next step in Pavloff's work was to have a bell rung and acid applied simultaneously. This was done repeatedly and, later, when the bell was rung alone, saliva

was still secreted in profusion. The new glandular reaction, thus established by experience, was called a *conditioned reaction;* the new effective stimulus was called a "conditioned" stimulus. Conditioned reactions constitute one class of habits.

The method devised by Pavloff took on added importance, when Lashley (5) was able to show its applicability to both secretory and muscular processes in man. In members of the human species strong electrical shocks are always adequate to the retraction-reflex of the hand. It is, therefore, possible to "attach" a very great variety of indifferent stimuli to this reaction by simply combining them with electrical shocks for a number of times. When any of them are later applied alone, the same rapid withdrawal of the hand results. It must not be supposed that the movement is "voluntary," using that word in the popular sense. The most rapid of voluntary activities occupies at least twelve one hundredths of a second, while a typical conditioned reaction of the same muscle will be completed in seven or eight one hundredths of a second. The attachment of the stimulus to the reaction is direct and involves no intermediates of thinking.

Watson's experiments. — Some years after the

completion of the first studies of conditioning, Watson (6) undertook to determine the adequate, or hereditary, stimuli to the primary human emotions, and he found that the range is, in every case, very narrow. In early infancy, fear may be aroused only by loud sounds, by sudden release of support, and by shaking when in a drowsy state. Rage is elicited only by hampering of movements. And finally, sex emotion occurs in infants only when light tickling contact is applied to certain sensitive zones in various parts of the body.

The implication of these findings for the psychology of personality can hardly be overestimated. They mean that, when a child reacts emotionally to other than the few adequate stimuli, there has been a process of conditioning. Experience has operated. There are no " natural," or hereditary, fears of the dark, of being alone, or of dogs, for instance. In every case the fear has been attached by experience. Watson and Rayner (7), in Watson's laboratory at The Johns Hopkins University, showed just how all these fears are formed. They even created some experimentally. For instance, they caused a child to be afraid of rabbits by simply showing a rabbit several times when loud sounds were made. For-

tunately, the same authors were able to demonstrate that conditioned emotional stimuli tend to lose in effectiveness with lapse of time. This is entirely in keeping with Pavloff's observation that stimuli conditioned to the salivary reflex do not remain permanently effective unless *re*-presented occasionally with the adequate stimulus. And, it is not surprising to find that a frequent repetition of conditioning experience creates a more enduring attachment between stimulus and emotional reaction than a single episode.

Any observer can report instances where a single exciting situation has left an enduring attachment in the emotional life of the person concerned. Children have been known to be afraid of dogs throughout the whole period of childhood after having been bitten but once. In a particular instance which has been observed, the persistence of the attachment is due to the fact that the child's mother always screams when a dog appears on the home lot, thus she *reconditions* the stimulus for her child again and again. It will be remembered that loud sounds, such as are produced by screaming, are adequate stimuli to fear. The conditioned emotional reaction does not have a chance to disappear.

Verbal conditioning. — The unique process of

"*verbal conditioning*" is found only in the human species. We discover a typical example of this in a common phenomenon of childhood. Let us suppose that a child returns from school to find that a favorite toy has been broken. He becomes enraged forthwith. Debating the matter with himself, he thinks of the name of some destructive friend and, in so doing, he sets up a conditioned emotional reaction with words. When next he encounters the suspected person, he will react to him with rage. In more complex cases, we find that the conditioning thought, or verbal process, is not supplied by the individual himself, but by another. Nevertheless, an emotional mechanism is created. He is told, for instance, that his failure to receive an expected promotion is due to the machinations of a certain previously unsuspected enemy. He will later greet this person in high rage.

The process of verbal conditioning is mentioned because it is often supposed that conditioning never occurs except when the conditioned stimulus is actually present with an adequate one at the time the emotional reaction is aroused. This is not true, for a verbal process may take the place of the conditioned stimulus, acting as a substitute for it.

Characteristics of conditioned emotional reactions. — A conditioned stimulus is not at first specific and this can be readily illustrated. If the nurse of a child be noisy, fear will be attached to anyone in cap and apron, or even anyone who enters the room. However, this state of affairs will slowly pass if the mother regularly wears the cap and apron but never makes the slightest sound. The reaction will thus become more specifically attached to the nurse herself. This whole matter of the non-specificity of conditioned emotional stimuli is of great importance in relation to a neglected school problem. Let us suppose that a certain pupil shows a marked hostility toward his teacher. This is no certain indication that his hostility is due to experience with that particular teacher. The emotion of rage may have been attached to all teachers by a gruff mistress of the first primary grade. In fact, further study of the child may reveal that he is hostile to all womankind. Thus, it appears that no emotional attitude can be explained without considerable study of the life situation and the history of the person who exhibits it.

A particularly effective case in point is presented by Hart (8). It seems that two gentlemen were walking in the country when one of them ex-

pressed dissatisfaction with the tones emitted by some church bells which were ringing. His criticism was bitter and comprehensive, but the attitude was not convincing because the chimes were far famed. They were, in fact, regarded as particularly fine. The other gentleman was surprised and undertook to discover the complex which was in operation. With this in mind, he began a systematic inquiry. In reply to one of his questions the emotional man said that the pastor of the church was a very poor poet. The investigation did not need to proceed farther. The person who had expressed his disapproval of the bells was also a poet. In a recent review of some of his poems, the writer had compared his productions with those of the pastor of the church and the comparison had been an unfavorable one. This was the source of the irritation and the stimulus to it was not specific.

The subject of nightmares should certainly be mentioned in connection with the subject of conditioning. Anderson (9) cites the case of a little girl who had become very much afraid of animals because of an unfortunate experience with a vicious dog. Patient treatment by her father finally seemed to be successful and the child began to be much less afraid of most types of animals and her

reaction to dogs was not nearly so intense as it had been. One night the child awakened the household with her screaming and related a dream in which she had been bitten by a dog. From this night, the original form of the fear was present. She could not even be induced to play with her pet rabbits. From this it is evident that old complexes may be reinstated by vivid dreams.

Emotional detachment. — One of the most important problems of the psychology of personality is supplied by the necessity of outlining a technique which may be used in breaking down conditioned emotional reactions. Such a process is known as "detachment" for the stimulus is detached from the reaction. For instance, how can a fear of the dark be detached from its stimulus? How can the hostile attitude of a child toward his teachers be corrected? How can an inappropriate sex attachment be destroyed? These are all forms of the same general problem. First, an answer will be given which applies only to the very simple types of emotional complexes. To make the discussion more concrete, the available methods of detachment will be described in relation to a specific case: a fear of dogs, which dates from an experience the details of which are readily recalled

by the child who has the disorder. There are three effective methods: repeated contact, psychological catharsis, and substitution.

In using the method of "*repeated contact*" advantage is taken of certain facts revealed in the study of conditioning. It was noted that if a conditioned stimulus is repeatedly applied in the absence of the adequate one it becomes gradually ineffective. This process can be hastened in a case involving a fear of dogs by having the child come into contact with an especially gentle dog. Since there will be no growling or biting, detachment will eventually occur. However, a difficulty arises from the fact that the first reaction to the gentle animal may be so intense that it is thought imprudent to continue the use of the technique. In such a case the following procedure is indicated. The child is first told many romantic dog stories, featuring assistance rendered children in difficulty. All the stories should be illustrated by attractive pictures such as those showing the St. Bernards of the Alps. This is followed by bringing an elderly cat into the household, kittens being too boisterous. When the child is thoroughly accustomed to the cat, a rabbit is presented and more dog stories are told. Finally, after this long period of preliminary training, the gentle

dog is again brought forward. This elaborate form of the technique is frequently effective.

"Repeated contact" operates most effectively when it is applied immediately after the emotional experience which caused the conditioning. It was discovered early in the war that when an aviator has escaped injury in a crash, he should be sent back into the air immediately for a short flight. If this is postponed, a very persistent fear of flying tends to develop.

The second method of detachment, that by *psychological catharsis*, has been used by Spencer (10) who treated a young man who was afraid of high places. It turned out that the patient had almost fallen off a cliff when he was a boy, barely managing to catch hold of a bush as he passed over the brink. Spencer had him tell all the details of the experience over and over again, and write and rewrite them many times. These measures proved to be effective and the technique is called "psychological catharsis." It may be used with children who fear dogs or who have other persistent emotional reactions which date from a *single* striking episode. On the whole, the procedure is most effective with adults.

In using the method of *substitution*, advantage is taken of the fact that there are two types of

visceral reactions which are so different that they are antagonistic and cannot be present in the system at the same time. Thus, the reaction to food is incompatible with a fear tension. Miss Jones (11) confronted a child with a feared object while he was eating, and succeeded in attaching the visceral response of food-taking with the object of the fear. A substitution of the new internal reaction for the fear was thus effected. The method is applicable, of course, to a fear of dogs. It involves, however, one danger which has not been sufficiently emphasized. It is possible that the substitution will take the wrong direction and that fear will be attached to food. This would create a very serious situation and only the mildest of fears should be subjected to this particular treatment.

A description has now been given of three methods of detachment which usually prove useful. In the discussion fears have probably been overstressed and it is, therefore, pointed out that sex responses, rages, and depressions are handled by the same methods. No reference has been made to the correction of defective habits of conduct, such as masturbation and tantrum tendencies. On the contrary, what has been said applies exclusively to the process of detachment, or to the

breaking down of the relation between emotional tendencies and their stimuli. It should be clear that the several techniques described can be used by mothers in the home but the problem which the teacher faces is somewhat more difficult. Whether the problem arises because of a fear or of a rage attitude, the teacher is almost forced to undertake to establish contact with the child outside the classroom, as on the playground or during some outing. Under these circumstances she is in a position to discard the pedagogical manner and attempt to bring about detachment through repeated contact and substitution, regarding herself as the conditioned stimulus. Comparatively little ingenuity is required to adapt the methods to the particular conditions prevailing. Nevertheless, this will not be attempted seriously, unless it is realized that personality training is precisely the most important phase of the whole educational process.

The detachment of conditioned emotional reactions involving repression. — It is necessary at this point to begin the study of a class of fears which have a superficial resemblance to the simple conditioned emotional reactions which have already been discussed. They are called phobias and, like the simple conditioned fears, they have relatively

specific stimuli. Their peculiarity is that persons afflicted with them can give no account of their origin. They cannot relate experiences which have served to produce the processes of attachment.

Two phobias will now be described. Lest it be supposed that these reactions are uncommon, attention is called to the almost universal fears of the dark, fears which are often disabling and quite severe.

A young woman of good heredity developed during her childhood a severe phobia of running water. She was unable to give any explanation of her disorder, which persisted without noticeable improvement from approximately her seventh to her twentieth year. Her fear of splashing sounds was especially intense. For instance, it was necessary for her to be in a distant part of the house when the bathtub was being filled for her bath, and during the early years it often required the combined efforts of three members of the family to secure a satisfactory washing. She always struggled violently and screamed. During one school session a drinking-fountain was in the hall outside her classroom. If the children of the school made much noise drinking, she became very frightened, actually fainting on one occasion.

When she rode on trains, it was necessary to keep the window curtain down so that she might not see the streams over which the train passed. These are some of the more typical features of her reaction to running water. It can be imagined that her life was very seriously interfered with by the disorder.

During the young woman's twentieth year, an aunt came to visit at her home. This lady had not seen her niece during the whole period of thirteen years through which the phobia had persisted. She was met at the station by the mother of the girl who gave a brief account of her daughter's condition. On arrival at the home, the aunt met the girl at the front steps and said immediately, "I have never told." This statement served to provoke a recall of the conditions under which the fear of running water had been established. The fact is doubly interesting because such determined efforts to stimulate her memory had previously been made by her parents and by various physicians.

The mother, the aunt, and the little girl — she was seven years old at the time — had gone on a picnic. Late in the afternoon, the mother decided to return home but the child insisted on being permitted to stay for a while longer with

her aunt. This was promptly arranged on the child's promise to be strictly obedient and the two friends went into the woods for a walk. A short time later the little girl, neglecting her agreement, ran off alone. When she was finally found she was lying wedged among the rocks of a small stream with a waterfall pouring down over her head. She was screaming with terror. They proceeded immediately to a farm house where the wet clothes were dried, but, even after this, the child continued to express great alarm lest her mother should learn of her disobedience. However, her aunt reassured her with the promise, "I will never tell." So at last they returned home and to bed. As the older woman left the next morning for a distant city, the girl had no one in whom she could confide. On the contrary she repressed all thought of her accident and presently she was unable to recall the facts even when a serious effort was made to have her do so. This is the most distinguishing feature of a phobia, its ostensible lack of explanation.

It has already been explained how recall was ultimately secured after thirteen years. It may be added that after the memory had been reinstated, the young woman found it possible to approach running water without discomfort. And

gradually the special adjustments of conduct, which the phobia had necessitated, disappeared.

In order to throw into still further relief the peculiar phenomena which characterize phobias, another case will be presented. The respects in which the two resemble each other may be taken as significant.

A certain man suffered from a phobia of being grasped from behind, the disturbance appearing in early childhood and persisting to his fifty-fifth year. When walking on the street he found it necessary to look back over his shoulder at intervals to see if he was closely followed. In social gatherings he arranged to have his chair against the wall. It was also impossible for him to enter crowded places or to attend the theater. His other difficulties can readily be inferred. Significantly, he could give absolutely no explanation of the origin of his fear.

In his fifty-fifth year he returned to the town in which he had spent his childhood. After inspecting his old home, he went to the corner grocery and found that his old boyhood friend was still behind the counter. He introduced himself and they began to reminisce. Finally the groceryman said this: "I want to tell you something that occurred when you were a boy. You used to go

by this store on errands and when you passed you often took a handful of peanuts from the stand in front. One day I saw you coming and hid behind a barrel. Just as you put your hand in the pile of peanuts, I jumped out and grabbed you from behind. You screamed and fell in a faint on the sidewalk." The episode was then vividly recalled for the first time in almost forty-five years and the phobia disappeared, after a brief period of readjustment.

The following features common to the two cases seem significant:

In the first place, each disturbance dates from a single *traumatic episode* involving intense fear. The experience may well be described as traumatic, or injurious, since it was productive of a disorder which caused serious impairment of the quality of subsequent adjustment.

In the second place, the traumatic episode involved a *forbidden action* which led to *repression*, or "protective forgetting." While it is not prudent just at this time to attempt to give a scientific analysis of the process of repression, it is easy to understand the principle of its operation in the case of "the fear of running water." For instance, when the child awoke on the morning following her accident, she was afraid to speak to her

brutal and unsympathetic parents about her experience because she knew that she would be beaten unmercifully. She did not even dare to think about the matter lest she blurt out something incriminating. Thus, her thoughts were inhibited or repressed. Although in its first stages repression is a "voluntary" process, later the repressed thoughts cannot be rearoused by ordinary inquiry even when the patient coöperates completely.

It will be noted, then, that in the two cases which have been described there was guilty action at the time of the emotional experience. The girl had disobeyed; the man had stolen peanuts. The very same sort of thing can be shown in a case reported by Rivers (12). He describes a soldier who had an unexplained fear of dugouts. It developed that he had been attacked by a dog in a dark enclosed courtyard outside of a junk dealer's store at which he had just sold some things which he had stolen from his own home. In all phobias there is a history of guilty action which has forced repression. The consequent inability of the patient to recall the original, or "conditioning" episode perhaps, in some obscure way, determines that fact that the attachment of phobias to their stimuli is so very persistent.

The last of the three distinguishing features of phobias is the *dependence of detachment upon a recall of the traumatic experience.* Thus, in the three cases cited, it was found that when the repression process collapsed and memory had been restored immediate recovery followed. In a small number of cases, however, recall must be supplemented by another process, "*assimilation.*" This process is a very simple and familiar one.

Assimilation. — After the occurrence of a terrifying experience an individual usually reacts with thought processes which serve to permit him to contemplate the future in the light of the experience without shame or any other form of fear. If such thoughts are organized, the experience is said to have been assimilated. For instance, it may be supposed that a young man has had the disturbing experience of being threatened with disgrace because of debt. In considering his financial situation, however, he realizes that a certain course of action will solve his difficulty. His distress will subside and we may say that the experience has been assimilated. Incidentally, it may be pointed out that repression is an alternative to assimilation and a reaction of a much less adequate character.

In the treatment of the phobia now to be described it was found necessary to supplement recall by assistance in assimilation.

Prince (13) has told of a young woman who suffered from a fear of church bells. Repression had operated but, through the use of special technique, it was discovered that the condition dated from the death of the patient's mother, and that her childhood reaction to the death had been important in the genesis of the phobia. The fact is that the patient had felt that she was responsible for the serious turn of the illness because she had not been giving proper assistance. While she was in this state of agonized distress, the bells of a nearby church were continually ringing and her fear became attached to them. All of the episode was recalled by the young woman, but still detachment was not effected. The point is that to the patient as an adult the belief that she was responsible for her mother's death was no more acceptable than it had been to her as a child. The thought could not be assimilated, that is, it remained a source of fear. The situation thus differed from that which obtained in the cases of running-water and peanut-stealing, for the facts in those two cases could be assimilated after re-

call. Often the delinquencies of childhood appear merely amusing to adults.

Prince found it necessary to give his patient reassurance so that she might react to her memory without fear. He dissipated her self-reproach process of thought by showing her in a convincing way that the death had been due to an uncontrollable sequence of chances, and that her own actions had not only been above reproach but were actually remarkably fine. She then accomplished assimilation.

Summarizing considerable material very briefly, we note that experiences may serve to attach emotional reactions to a wide range of stimuli and that the simplest of these attachments may be broken down by the use of three techniques: repeated contact, psychological catharsis, and substitution. This applies to the primary exciting emotions and to depression. We then observed that conditioned fears which involve repression do not undergo detachment when subjected to the same methods of treatment. The only effective therapeusis is by recall alone or by recall associated with reassurance and assimilation. The facts reviewed also seem to justify a conclusion now presented for the first time. The more serious fear reactions, those involving repression, are

not established when the individual sustains a satisfactory relation with his parents or other natural advisers. The more fortunate individuals do not have to repress, but secure reassurance and assimilate their experiences immediatley upon their occurrence.

CHAPTER IV

THE RECALL OF REPRESSED THOUGHTS

Techniques. — In the preceeding chapter it has been intimated that a problem of technique arises in connection with the necessity of securing a recall of repressed thoughts. These thoughts, as we have found, are subject to repression because they relate to some guilty action, and an inhibition develops whenever they tend to find expression. The psychological adviser is thus under the necessity of eliminating the inhibition process and, to accomplish this, he must establish an intimate rapport with the patient. In other words, the relation between the two must be one of absolute confidence, and there must be no suspicion of a critical attitude on the part of the psychological adviser. When such a relation has been created, the " resistance " operating against the recall of the repressed thoughts is likely to be broken and a statement of the real emotional difficulty secured. In case no satisfactory statement is gotten, it is necessary to resort to one or another of

several special techniques. These are: The Association Method, Dream Interpretation, and Direct Questioning.

The Association Method. — *The Association Method* is employed by Jung (14) and would certainly have been effective in the following case taken from Morgan (15). The patient was a young man in the early twenties whose first visit to a psychiatric clinic was occasioned by stomach trouble. Previous visits to ordinary hospitals and physicians had been unproductive in spite of elaborate examinations and diets, and no diagnosis had been given. The patient, himself, was under the impression that his trouble was due to smoking, though it was found that he was extremely moderate in his use of tobacco.

In view of the failure of earlier investigations to reveal any organic basis for the digestive upset, the examining psychologist concluded that an emotional process was in operation. It was felt that the concern about cigarettes was probably an emotional transference phenomenon and that it would prove possible to find a more serious source of distress. However, the early part of a systematic analysis seemed to show that the smoking was laden with unusually strong emotion, and might be the fundamental complex. The patient's

father had almost ruined his family by excessive smoking and drinking; and, when the patient began the practice under strong temptation, he supposed that he was making a surrender which would ultimately bring dire consequences.

Study of the case was not terminated with these findings, and further investigation was profitable. It was discovered finally that the patient had suffered from a masturbation habit and had been told by his father that he could secure control of it if he would take up smoking. He did not immediately accept this advice but finally, under the influence of quack sex literature which came to his hands, he succumbed. The smoking supplied him with a repression device, and his autoeroticism no longer figured in his thinking. The emotion relating to the matter transferred to the smoking and, in an obscure way, produced the stomach complaint. At any rate, after the masturbation complex was cleared up by reassurance, the patient recovered completely.

This case is to be used in showing the principle of the association method, and we may assume that a study of the case has already revealed the fact that the fear of smoking represents emotional transference and that the real subject of the fear state is under repression. It is at this point that

the association method is resorted to with the intention of securing a complete recall. The method will be briefly explained.

Jung has prepared a list of words which, when presented orally, usually serve to "set off" any emotional complexes which the individual may have. There are, for instance, words relating to masturbation and to other possible subjects of fear. The patient is asked to repeat all of the thoughts which each of the hundred words suggests to him. The psychologist watches for any sign of emotion, for any delay in making associations, and for a tendency of the associations to converge. In the particular case under consideration we would doubtless find that the patient would reply hesitatingly to any of the words which have a sexual significance and would show a tendency for his associations to run to that topic. On this evidence, a correct inference could be drawn as to the general nature of the emotional difficulty, and specific questioning would follow. When a satisfactory statement had been secured at last, reassurance would follow naturally as treatment. The patient would be shown that the consequences of his masturbation habit would correct themselves in a short period of time.

On the other hand, without the use of Jung's

list, it would be difficult to discover the subject of the repressed fear, though Morgan was able to accomplish this simply by making a thorough investigation of the patient's history by systematic questioning.

A special form of the association method has been described by Hart (16) with illustrative material taken from Jung and Peterson (17). In the procedure the same hundred words are used but, instead of reacting to each with connected comments, the patient is required to mention only the first word which occurs to him. For instance, to the word " house " the reply may be " door," or some similar association. The psychologist is interested to a certain extent in the character of the reply-word but attention is given primarily to the " reaction-time," that is, to the length of the interval which elapses between each stimulus and its response. The records can be made with a common stop-watch, but more accurate devices are sometimes required. The most effective instrument is the Dunlap Chronoscope.

In investigations of this sort it is uniformly found that a patient's reaction-time to the different words varies considerably; and the value of the method as a psychological instrument consists in the fact that, when emotional complexes

are aroused to activity, the replies are generally sluggish. An illustration supplied by Jung and Peterson shows most of the phenomena which may be expected to appear.

Stimulus-word	*Response-word*	*Reaction-time in seconds*
Head	Hair	1.4
Green	Meadow	1.6
Water	*Deep	*5.0
Stick	Knife	1.6
Long	Table	1.2
Ship	*Sink	*3.4
Ask	Answer	1.6
Wool	Knit	1.6
Spiteful	Friendly	1.4
Lake	*Water	*4.0
Sick	Well	1.8
Ink	Black	1.2
Swim	*Can't swim	*3.8

The depressed patient whose reactions are here recorded had recently been contemplating the possibility of drowning himself. Naturally anything which suggested the subject was laden with emotion and the effect is shown in the starred reply-words and the associated lengthened reaction-times. Even complexes which involve repression will produce like effects and it is this which gives greatest utility to the method.

Dream Interpretation. — Still continuing the

discussion of the methods of securing the recall of repressed thoughts, we turn to the matter of *Dream Interpretation.* It has been contended by Maeder (18) that dreams uniformly relate to emotional problems for which the patient has been unable to find a solution in his waking life, and which have been subjected to more or less complete repression. While it is a more conservative position to hold that there are several types of dreams, there are certainly many which arise as products of repressed emotional problems. An illustration will be given.

The dreamer was a young man who had been a student at the University of Pennsylvania and who was at the time in residence at The Johns Hopkins Graduate School. He had been showing signs of nervousness before he related his dream to a psychologist. The story of his dream is as follows: —

"I was walking up a street parallel to the one which my father followed in going to his home. Suddenly, I found myself looking over a prison wall and I saw within two groups of university buildings which I recognized as those of Pennsylvania and The Johns Hopkins. I passed on up the street and went into a backyard. In the corner of the yard was a coop in which there were

two chickens and a cat. The cat seemed to have hostile intentions toward one of the chickens, but, although the other was nearer, it was ignored. The chicken which was the subject of the hostility had white feathers, and the other was brown. I went into the coop and chased the cat out and came out myself. As I was leaving the yard, the cat scratched me on the heel."

When one attempts to get at the "meaning" of such a dream as this, it is necessary to ask the dreamer to tell all of the thoughts which occur to him in connection with the more prominent items of the story, and far-fetched inferences are made from these associations. Dream-interpretation is not justified by the logic of the methods used but by the fact that it is useful in getting desired information. It needs no further justification.

In examining the dream of the chickens, we are first impressed by the matter of the "streets." It seems possible that the dreamer is thinking of establishing a home of his own, since he represents himself as going in a way parallel to that which his father would follow in going to his home. We therefore ask, "Are you at present planning to get married?" The dreamer replied that he was. If this be the general subject of the dream, it is clear in what sense the universities are a prison.

The young man has no source of income that would justify his getting married. We then pass to the matter of the "brown chicken" and it develops that the patient had been walking recently with his fiancée and they had met an intimate friend of his who was dressed entirely in brown. His companion had said, "She is a symphony in brown." To this he replied, "She is just a brown chicken." When asked to explain his relations to the girl in brown, the dreamer reported that she was simply a very intimate friend and he was hoping that his brother would marry her. In the same way, the white chicken was identified as the fiancée, whose name was White. Finally, it turned out that the cat of the dream was a young lady to whom the dreamer had been engaged during his undergraduate days. Her name was Catherine and he had known her as "Cat."

When this point in the interpretation was reached, the dreamer's inhibitions collapsed and he made a complete revelation of a serious emotional difficulty which he was making an effort to repress. He said that he felt himself to be under an obligation to marry Miss White, but that he was not sure that he had entirely recovered from his previous affair with the Catherine girl. This dilemma was a source of serious emotional

tension with him and was the cause of his general nervous condition and, presumably, of his dreaming.

To complete the interpretation of the dream, we see that the "cat" was likely to injure anyone who stood in the relation of a prospective wife, but not one who was merely a friend, such as the "brown chicken." This explains the fact that the cat was hostile only toward the white chicken. Again, we find, in the dream, that the cat was chased out of the coop. This, indeed, is a figurative form of the decision which the dreamer had tentatively reached. He was going to marry Miss White, but he knew the action would cause him emotional distress. In the dream, he was scratched on the heel.

It does not seem inappropriate to present one more dream and its interpretation to make the method somewhat clearer. The dreamer in this case was a cadet in a military school and nothing further was known about him. The dream follows:—

"I knew that Mex had stolen something from me. I rushed into a small suite of the barracks, but stood near the entrance and watched the two small doors which connected the two rooms. I did not see Mex. While I was standing there my

father came, but he went away immediately. Then my brother came, and he guarded the outer door while I chased Mex from one room to the other. I only saw the back of his uniform as he dashed through the doors. Finally, I went over in a corner of the back room and lay down behind a bed. Mex appeared dimly in one of the doorways, and I threw a coat-hanger at him and hit him squarely in the head."

The natural starting point in the interpretation of this dream is the character referred to as Mex. The dreamer could not identify him for a while but finally remembered that the previous night one of his acquaintances had been said to be very like a Mexican. He said that he had been having some difficulty with this man because of his constant kidding, and it developed that the kidding concerned the fact that the dreamer, who was in the school cavalry troop, had been thrown from the back of a particularly decrepit horse for the fifth time in one week. A great deal of emotion was displayed when this fact was brought out.

The father, who represents, perhaps, withdrawal from school or financial assistance, came and withdrew. He was, of course, of no assistance in the problem at hand. The brother remained, for he was an alumnus of the institution and had

tremendous prestige with the cadet corps. He was also described as "the best horseman in the whole state of Texas." It was natural that the dreamer should think of him when he was dreaming of his own poor social status and his difficulties with equitation.

The young man "hid behind a bed" and, when he was asked to discuss this, he said that it reminded him of being in a trench. As a matter of fact, the cadets who had elected infantry service were at the time having trench practice. This dream, then, seems to relate to a decision which the dreamer had reached to request transfer from the cavalry to the infantry. This was "quitting" and the mores of the institution were decidedly opposed to such action. Therefore, the mood of worry persisted into sleep to cause a rediscussion of the whole matter. The decision remained, however, because the dreamer felt that he could "knock the kidders in the head" by withdrawing from the cavalry in which he had been making such a poor showing.

This is not the place to present a theory of the nature of the dream process. Two dreams and their interpretations have been given merely to show a method which may be applied as a means of recovering repressed or concealed thoughts.

The technique is difficult to use, and skill in its application is acquired only with long practice. In many cases, experts fail to secure results with it.

Direct Questioning. — If for any reason it is thought impractical to use either The Association Method or Dream Interpretation, the method of *Direct Questioning* is still available, and perhaps it is the most natural technique for amateur use, especially when the repression process is spasmodic and not particularly effective. The method consists simply in systematically inquiring about the emotional history of the patient. Remembering that repression rarely, if ever, occurs without guilty action, the questions asked relate to misconduct which is likely to have occurred. And, to make sure that the investigation is carried out in an orderly way, it is best first to take up the relation of the individual to his parents, then various aspects of his social life, and finally his sex activities and other possible infractions of the moral code. The following is a fairly standard way of starting the examination. The patient is asked to tell something about his father. After a comment or two, he is asked, "Is your father friendly with you?" and later, "When did he last punish

you? " and so forth. The remaining questions will take their form from the replies, but they will be systematic and will force talk.

It must not be supposed that much information will be secured unless rapport with the examiner exists, and, usually, more attention must be given to obscure signs of emotion, such as averting of the eyes, blushing, nervous movements, and hesitating replies, than to statements made. When signs of emotion are observed, the questions become more detailed and searching, and the topic is taken up again and again until a complete and satisfactory statement is made. Especially important to guard against is the " confession of a minor fault to conceal a greater one," as was shown in the case of the young man who emphasized his inability to refrain from smoking in order to conceal his masturbation tendency.

In this chapter only one main topic has been considered, namely, the techniques of securing a recall of repressed thoughts. The special methods are: word association, dream-interpretation, and direct questioning. These methods are essentially devices by which the psychological adviser forces a patient to " face problems which he systematically ignores, or represses."

The recovery of repressed thoughts is a preliminary to treatment in the form of reassurance. Through this procedure, detachment is secured and the patient is freed of a maladjusting emotional reaction.

CHAPTER V

THE REDUCTION OF EMOTIONAL TENSIONS

In outlining the problems which constitute the field of investigation in the psychology of personality, it was intimated that interest centers in the effects of individual experience on the development of emotional complexes. Some aspects of this matter have already been treated, but it is necessary to outline the whole subject in a more systematic way than has been attempted up to this point.

A typical emotional complex. — A certain man becomes enraged whenever he is subjected to the slightest criticism. Under the influence of his emotion, he thinks that the criticism is unjust, whether it is or not, and he immediately begins to bluster and make threatening gestures. Furthermore, he always thinks these things and shows this conduct when he is criticized. It would, therefore, be quite proper to say that one component of his personality is a thoroughly estab-

lished " criticism " complex of the following typical form: —

$$\text{Stimulus} — \text{Emotional Tension} — \begin{matrix}\text{Thought.}\\ \hline \\ \text{Conduct.}\end{matrix}$$

It is hardly necessary to point out that this particular reaction tendency is an elaborate habit which can only be accounted for in terms of the past experience of the individual who exhibits it. However, it may be necessary to add that the past experience of the person has operated to produce two different processes. In the first place, there has been conditioning which has served to attach the reaction of rage to uncomplimentary remarks. And, in the second place, there has been a different sort of process, which has organized the specific habits of conduct and thinking which are associated with the rage. While the nature of conditioning has already been explained, nothing has been said of the way in which the conduct and thinking elements of complexes are established. To this subject we must now turn.

Motor habit-formation. — An emotional tension operates as a *drive*, and determines that the individual, if facing an unfamiliar situation, shall display part, if not all, of the repertoire of conduct and thinking reactions with which he is

equipped by heredity and experience. Such a display of activity is called, in the traditional psychology, "*trial-and-error behavior*," and is the *first stage* in the process of *motor* habit-formation. We find a melodramatic example in the individual who is left tied in a burning building. He first twists and turns in every direction and then begins to pull at the ropes which bind the various parts of his body. Failing in these efforts to free himself, he begins to shout for help and, if no assistance comes, he resorts to thinking. He notices that a long stick lies near him, and he realizes that if he can thrust it through a window he will be able to attract attention. He crawls to the stick and pushes it through the pane and is saved.

Such is typical trial-and-error behavior, and several facts about it are worthy of comment. In the first place, the trials are reactions which take their form from elements of the situation by which the individual is faced. And in the present instance, the reactions are themselves habits which have served in somewhat similar situations in the past. The final point is that such variable behavior is displayed only when some tension exists, such as fear. It is perhaps necessary to add that the tension is merely an occasion for trial-and-

error behavior, and it does not determine the form of the different trials, as has been contended by Kempf (19).

Tension reduction. — The *second stage* of motor habit formation ensues from the first and consists in the *reduction of the existing emotional tension.* This restoration of the normal visceral condition may be accomplished in a great variety of ways, and by either conduct or thinking. Let us suppose that an individual is terrified by some person with a pistol. Naturally, he will exhibit trial-and-error of wide range, and any one of the following reactions might bring about quick reduction of his fear state or, under different circumstances, the whole series might fail. For instance, he might persuade his adversary to let him go, make his escape by flight, secure possession of the gun, or he might simply realize that it is his own broken weapon. Success would lead to reduction while a failure of all would leave an unreduced tension and further trial-and-error would follow.

Turning from an example of fear to one of rage, it is clear that a visceral anger condition can be most promptly eliminated by fighting. However, it can be " worked off " rather quickly by exercise of any sort, or it will more slowly sub-

side if the offending person departs. In still other cases, we find that the reduction of a rage state can be secured by simply thinking of the person responsible for it as insignificant, or by imagining him in a humiliating situation. In the same way, sex tensions can be eliminated by many types of conduct and thinking, as well as by normal sex activity. There are various forms of perversions and erotic phantasies which are reductive.

Having analyzed and illustrated trial-and-error behavior and tension-reduction, which are the two important stages in the process of motor habit-formation, we are in a position to give a brief formulation of the process as a whole. For this purpose we bring together the description of the two part-processes into one statement: — An emotional visceral tension operates as a drive and determines that the individual, if facing an unfamiliar situation, shall begin immediately to exhibit trial-and-error behavior. If one of the trials or a combination of them results in the reduction of the tension, it becomes a habit, and functions whenever the drive and the situation are again present. Such is the origin of the persistent traits of emotional conduct and thinking which constitute the human personality.

The only apparent exception to the principle that motor habits are tension-reducing devices is found in the actions of persons who habitually conduct themselves in such a way that they receive stimulation to excited emotional conditions. An example is the daredevil, and his behavior would hardly seem to be reductive. However, the conflict between cases of this sort and the reduction principle is not real. For, if we examine the life situations of individuals who regularly subject themselves to unusual excitement, we find that they are already in a state of unreduced tension at the time when they seek emotional stimulation. What they actually do is increase an existing emotion, and undertake to accomplish a reduction of the whole exaggerated condition with a particularly effective habit. The "fool flyer" in the aviation service is usually a man in emotional distress who has discovered that stunt flying offers reduction through distraction. Temporary relief which is not otherwise available is secured by dangerous flights. In a study of seven cases of the sort in the late war, it was revealed that every one of the patients had some emotional difficulty with his wife and, as each problem reached its climax, there was a wild orgy of flying. Also, what has been said of these aviators is true of many other excitement-seekers. The excitement

is not sought to increase tension but for reduction. However, the reductive behavior is usually not deliberate, that is, its significance is not understood by the individual.

Implications of the reduction principle. — From the beginning of this study, emphasis has been placed on the fact that every personality is characterized by persistent tendencies of conduct and thinking. These tendencies, as we now see, are tension-reducing and that principle is of great value when we become engaged in a study of the behavior of particular individuals. For instance, when we have observed that a patient regularly exhibits a certain type of conduct or thinking which is disabling, we can formulate the general lines of treatment immediately. First, we must attempt to discover the stimulus to the emotion which is involved. Having determined this, we must decide whether it is practical to have the individual avoid the stimulus, or whether detachment must be brought about. Of course, if the emotion is eliminated, the habit will collapse for want of a drive. However, if it proves impossible to eliminate the emotion, we must frustrate the undesirable reduction device and attempt to develop a substitute habit. This is the gist of the whole problem of therapeusis.

The effects of frustration. — A particularly in-

teresting aspect of the subject of motor habits is the effect of the frustration of thoroughly established tendencies. Society has often been described as an agency for systematic restraint and, indeed, many of the habits which are formed in the course of the early life of all individuals are later eliminated by punishment. This is especially true of sex tendencies, but it also applies to rage tantrums and fighting, and to certain forms of timid behavior. A frustration of these reducing devices of childhood leaves the individual with an unreduced visceral state and, for a time, he is likely to show diffusion and a raised activity level. However, the active drives promptly plunge him into trial-and-error behavior with the result that there is a formation of new habits to replace the frustrated ones. Most persons acquire perfectly adequate new tendencies after encountering frustration. For instance, the small boy who has been accustomed to run to his mother when attacked will ordinarily soon learn to defend himself by fighting when he finds that the maternal aid is withheld. The fighting habit will normally be later discarded for some more adequate adult reaction. The case with childhood sex habits is similar.

Unfortunately, most individuals establish a cer-

tain number of emotional reactions which are disabling, and among these the repression tendency is perhaps the most serious. Repression is always driven by fear, and the reduction is secured by an interruption of fear-maintaining systems of thinking. This effect may be accomplished in a limited number of ways.

The repression tendency. — It will be recalled that, in analyzing the behavior of the hand-biter, we discovered that he had made a plan to desert his fiancée, and that the plan kept him in a state of fear. He employed in succession two reduction devices: — hand-biting and, later, the practice of constantly debating with himself the relative ethical value of alternative modes of conduct. By these devices, the one a form of conduct and the other a form of thinking, he was able to prevent the occurrence of fear-maintaining trains of thought, namely, his plans of desertion. This is a common form of repression: an inhibition of fear-maintaining thought by distraction activities. We see the process in a girl who reacted to the brutal threats of her father by relapsing into a day-dreaming condition out of which she could only with great difficulty be aroused. The dreaming inhibited the emotional memories of the threats which had been made against her.

Repression, secured in a slightly different way, is illustrated in two other cases. A patient with a genius for getting into financial difficulties met his emergencies by seeking the assistance of his father. When his father died, instead of developing habits of thrift and industry, he met his next period of financial stress by using morphine, and this became habitual with him. He simply stupefied himself to the point where thoughts about his financial difficulty could not occur. Similarly, another individual has been observed who spends an inordinate amount of time in sleeping and this tendency appeared immediately after he had been dismissed by the young lady to whom he was engaged. It is a reduction device.

Compulsions. — Before dismissing the subject of repression, it is necessary to mention the motor habits which are called "compulsions." These are simply rituals of conduct and thinking which are frequently repeated under an intense drive and for which the patient is unable to give any explanation. Several examples have already been given, but a new case will show the possible complexity of such phenomena. In this instance, as in all others, the compulsion is revealed as a repression process.

A young man had established a habit of en-

gaging in erotic phantasies and masturbation by which he reduced an especially strong sex drive. To escape detection he always washed his hands to remove all traces of odor. However, his father ultimately discovered the facts of the case and, without suggesting how his son might control his problem, he simply punished him for his "dirty thoughts" and his masturbation. Thus fear was attached to sex arousal with the following effects: the masturbation was suppressed, the phantasies and other sex thoughts were inhibited, and only the hand-washing remained intact. Naturally, the washing was unaffected, since it was fear-reducing from the first. However, it acquired an added significance after the punishment, because it served to inhibit, or repress, the sex thoughts which would tend to maintain the fear. The final psychological situation in the case may, then, be described as follows: — Whenever a stimulus elicits the sex drive, and before the established sex habits of conduct and thinking can appear, a fear state develops which drives hand-washing. This latter activity prevents the occurrence of the sex thoughts or, what is the same thing in other words, accomplishes repression. The compulsion can, therefore, be represented by the following formula:

Stimulus — (Sex Thoughts and Phantasies)
Sex Tension ——————————
(Masturbation)

Fear No Thought Process
Tension ——————————
Handwashing

NOTE: The activities represented in parenthesis are under inhibition and do not appear explicitly in the reaction.

The treatment of compulsions. — To cure a compulsion, such as the one just described, it is necessary to break down the repression and secure a complete recall of the sex tendencies. This is quite analogous to the necessity which confronts one in curing a phobia. Any form of reaction which involves repression tends to be extremely persistent. When the complete facts relating to the origin of the habit are known, the psychologist instructs his patient in a superior method of controlling his drive.

While compulsions can only be " cured " by recall and usually promptly disappear when this is effected, they can often be slightly transformed by careful treatment so that they become much less disabling, if not actually beneficial. Dr. Goddard (19) had a patient who would set fire to any combustible materials to which he had access.

Without making a serious effort to discover the past history of the disorder, Dr. Goddard simply had his patient appointed to the post of fireman in the hospital in which he was confined. His interest in fires was thus utilized for social purposes and he was more assiduous in his attention to his duties than a normal person would be likely to be. Rather different treatment was given by the writer to a boy who had the same mania for incendiarism. This youth's mother was persuaded to take the patient and his brothers on frequent camping trips. The boy was thus given an opportunity of making fires, but he was taught to take very elaborate precautions against doing harm with them. Before a fire was made, the ground was cleared of all brush and leaves for a radius of fifteen feet on every side. The reserves of wood were placed ten feet farther, and an elaborate method of putting out the flames and scattering the ashes was developed. The technique of treatment in this case did not consist in eliminating the compulsion, but in grafting onto it a number of protective features. The disorder disappeared entirely in a period of slightly less than two years.

The genesis of repression tendencies. — Sufficient has been said on the subject of repression to

indicate the seriousness of its consequences for the individual who practices it. For this reason we must turn aside to consider how such a tendency develops. In the first place, we almost never observe a disorder of this type in an individual who has sustained an intimate and friendly relation with his parents during childhood. If such a relation had existed, the child would have learned to hasten to his parents for assistance and advice whenever he encountered a terrifying problem in his life. He would not continue to think " circles " of thought which would maintain his fear, and he would not have learned the inadequate reduction device of repression. It is for this reason that parents must have a rapport with their children, and must be prepared to suggest ways of reacting to the common emergencies of childhood and adolescence. It is almost never prudent to frustrate a habit with punishment without suggesting an alternative reduction device. This applies particularly to sex tendencies.

The whole of this chapter has been devoted to a detailed study of the formation of habits of conduct and thinking. In this connection the reduction principle has been emphasized, with the contention that all emotional habits are, essentially, devices by which emotional tensions are

reduced. For the sake of completeness, it may be said that appetitive tensions, like emotional ones, may operate as drives and lead to the formation of motor habits. However, in this study, it is the rôle of the emotions which is being stressed.

CHAPTER VI

WORRY

The nature of worry reactions. — All worry reactions have certain essential psychological characteristics in common, and the observed differences are really quite superficial. In the first place, every worry is a persistent mood of fear and is a reaction process aroused by a situation of such a sort that the individual has no reduction devices of thought or conduct. Secondly, because of the persistence of the emotional state, there is a raised activity level with a display of nervousness and considerable emotional transference. Finally, there is ineffectve trial-and-error, mostly of a thinking type.

All of the phenomena mentioned may be observed in typical form in a cotton broker who has overbought with the result that he faces bankruptcy and will shortly have no means of supporting his family. Having tried every scheme of getting out of his difficulty, he is left with a circle of thinking which not only does not accomplish a reduction of his fear, but even increases it. He exhibits marked

nervousness, a tendency to become unusually alarmed about matters which do not directly relate to finances, and he exhibits endless trial-and-error thought about his difficulties, without securing the slightest reduction. His situation is provocative of fear but it does not permit of tension-reduction.

Normal emergencies. — It is perfectly clear that the exigencies of the average human life are such that almost every person must of necessity encounter many emergencies of a fear-provoking type which do not permit of rapid adjustment. In dealing with worry reactions which arise under circumstances of this particular sort it is obvious that we cannot say that the difficulty arises from any defect of personality. For instance, when a young man who has not completed his education suddenly finds it necessary to undertake the support of his widowed mother and his brothers and sisters, a certain amount of worry is quite inevitable and it is difficult to see how that reaction could have been avoided by even the most skillful training. However, it is true that many of the inevitable emergencies of life can be most successfully met by persons equipped with what are called *balancing factors.*

Balancing factors. — Balancing factors are activities to which the individual may devote him-

self in times of emotional stress for purposes of distraction and temporary reduction. Although this is essentially a process of repression, it is not at all maladjusting, because it does not prevent the occurrence of *constructive* thinking. We are discussing only such worries as do not permit of reduction by even the most effective reasoning. Athletics, reading, card-playing, and social conversation are examples of especially effective balancing factors. The value of these interests is clear in the case of an elderly man who has discontinued his business affairs and lost his wife by death within a period of two weeks. He is left with an emotional mood from which he needs occasional relief, and this effect can only be secured by some sort of diversion to interrupt the thinking elements of his complex, which are of a trial-and-error form but which only serve to increase his tension. No really reductive thinking is possible under the circumstances. From cases of this sort it is seen that every effective personality must be equipped with a certain number of balancing factors for emotional emergencies; and they have the additional value of preventing the staleness incidental to too narrow a régime of activity.

Worries due to personality defects. — Of greater interest in the psychology of personality are worry

reactions which are not due to any real difficulty inherent in the situation which is confronted but which represent a defect in the personality of the individual himself. There are three classes of these defects, as follows: (1) inadequacy of information with an inhibition about asking for assistance and advice, (2) the tendency to repress fear provoking problems, and (3) generally inadequate training. Each of these must be illustrated, and an attempt must be made to show how the development of defective traits of the sort may be avoided.

In the following case, an individual is described who faced a problem of a rather terrifying sort. However, his whole difficulty arose from the fact that he was inhibited about seeking advice and assistance. When he did finally secure the information which he needed, he was equipped with tension-reducing thought of a normal sort.

That patient came to a psychological laboratory, expressing a desire to submit to a wide range of psychological tests. In explanation of this request, he simply said that he did not think that a person should leave college without having a clear idea of his mental assets and liabilities. Upon being pressed with further questions, he confessed that he had the opinion that his mental powers

were decreasing and, finally, he admitted to the belief that he was going insane. He hesitated to explain the grounds of this fear, but he was ultimately induced to do so.

The patient and his sister had been reared by very tyrannical parents and had not been permitted to enjoy the customary diversions of youth, nor were they permitted to associate with other children. The sister had reacted to this systematic frustration by becoming insane and had been committed to an asylum at the age of twenty years. Under these circumstances, the patient's limited knowledge of psychology and of the laws of heredity led him to believe that he would likewise become insane when he reached the age at which his sister's collapse had occurred. This belief was reinforced by the fact that friends of the family had always commented on the striking resemblance between the personalities of the brother and sister. This general situation gave rise to worry, the patient was unable to secure reduction, and his thinking on the subject only served to increase his fear.

The treatment which was used in this case is quite obvious. It was necesary to call the patient's attention to the fact that, while his sister had been forced to remain in the damaging home environ-

ment through the whole period of her life to her twentieth year, he had been fortunate in the fact that he had gone away to school when he was fifteen, and that this college course and his brief military career had corrected the deficiencies of his early training. Thus, he was shown that his history had not even approximated that of his sister. For further reassurance he was given a set of tests which showed that his various abilities were above the average. By this method the patient was equipped with a system of thought adequate to reduce his worry tension. However, he was not discharged until he had been made to understand that his trait of refusing to seek advice was very dangerous, and might get him into serious worry states over and over again.

There is one more point of importance which emerges from the study of this young man, and it relates to the origin of his hesitancy about seeking advice. It was found that during his boyhood he had made repeated efforts to establish friendly relations with his father and had taken a number of his personal problems to him for assistance. He had, however, been uniformly rebuffed and humiliated, being told that his questions were either silly or disgusting. Especially, he had been warned never to tell anyone about the fact that

his sister was confined in an institution. The reason for his inhibition about seeking assistance in connection with his worry thus becomes clear. His parents had not undertaken to cultivate in him the habit of discussing with competent advisers his personal problems. This does not mean that his life should have been systematically directed, but he should always have been able to get needed information on the basis of which to formulate his own plans of adjustment.

The personality defect illustrated by the young man who has just been described is most frequently encountered in young people who practice masturbation. The notion that this habit has disastrous effects is rather widely disseminated by the pamphlets scattered around by unscrupulous lecturers and drug concerns. The youth who gets this idea and who experiences difficulty in controlling his sex tendencies is very likely to be so inhibited that he is unable to discuss his problem with his parents. And, even if the matter is discussed, he is not likely to get very useful information, for the average parent, like the average physician, is not competent to advise in this connection. Therefore, the masturbation difficulty, as a source of adolescent worry, is not likely to recede in importance until it is possible to devise

some way of supplying parents with authoritative information on the subject. Further discussion of this will be given in a later chapter.

Repression and worry. — In continuing to describe the chief defects of personality which lead to persistent worry reactions, we proceed to the second trait, *the tendency to repress fear-provoking thoughts.* Much has already been said about repression and the conditions under which it becomes established as a component of personality. It remains, however, to indicate its relation to morbid worry. The point is that most worries can be reduced if the individual gives complete consideration in his thinking to the disturbing circumstances by which he is faced. In short, his trial-and-error thinking is likely finally to accomplish reduction of his emotion or, in other words, "he will see his way out of his difficulty." If, on the other hand, repression occurs, the possibility of securing reduction by thinking processes is eliminated, and under such circumstances the emotional state will, of course, continue to function as long as the disturbing situation in his life exists. A typical instance is revealed in the following case which involved emotional transference as well as repression.

A certain young man who had practiced mas-

turbation for a brief period during early adolescence had heard a sex talk by an incompetent lecturer, and he had gotten the impression that death must inevitably result from his misconduct. This notion was repressed to the extent that the thought elements of his complex related merely to his health and absence of athletic skill. In other words, he no longer related his mood of apprehension to masturbation at all. However, his drive was so intense that he accumulated an extensive library on dietetics and exercise, and he undertook to safeguard really remarkable physical resources by elaborate precautions. The whole morbid process was terminated when he was shown the real source of his emotion and when he had been reassured as to the effects of masturbation. It will be observed that in giving reassurance needed information was supplied. This appears to indicate that this young man's disorder involved two of the personality defects which lead to worry reactions: he *repressed* and, also, he was *inhibited about getting competent advice.* Furthermore, it might be pointed out that the repression would not have occurred if he had not been inhibited about getting the information which he needed. The only reason that a distinction is drawn between these two defects of person-

ality is because an absence of adequate knowledge, even when no questions are asked, does not inevitably result in repression. It may simply lead to perfectly fruitless trial-and-error thinking and acting.

Worry and inadequate training. — Most of this chapter has been devoted to a discussion of certain defects of personality which constitute a predisposition to worry. Two of these defects have already been described and the last, *generally inadequate training*, must now be mentioned. The phrase is genuinely descriptive of the preparation for life with which many of the members of society are equipped. They are not adequately prepared for even the most common difficulties of adjustment. To make an adjustment of satisfactory quality, to avoid encountering situations of a fear-provoking type, the individual must be in possession of certain types of information and must have certain thoroughly established habits of conduct which can only be acquired through a well-organized educational process. The difficulty with modern education consists in the fact that its objectives are not sufficiently well defined. The aim of education should be that of providing training for adjustment. It is pure folly to speak of the aim as the discipline of the mind. An educa-

tional régime outlined on this latter theory is destined to failure in a large percentage of cases.

In view of the fact that the failure of an individual to make an adequate adjustment is an occasion for disabling worry states, it seems prudent to outline the chief aspects of human adult adjustment. By doing this we throw into relief the problem of the educator, whether parent or professional teacher.

(A) Almost every person is faced by the real necessity of maintaining himself with some sort of vocation. In our modern schools part of the essential training is very excellently given. We refer here to the development of useful types of skills and of professional and industrial information. On the other hand, very little attention is given to the matter of enabling the individual student to discover the requirements and opportunities of the various occupations to which he might turn. Furthermore, he is not given any assistance in discovering whether he has the aptitudes for the work which he selects. The result is a large number of vocational misfits and a deal of worry and milder forms of inefficiency.

Again, professional and industrial success requires more than knowledge and skill. It requires systematic habits of initiative and perseverance and an ability to work without constant super-

vision. A tremendous charge can be brought against universities when the members of the student body are not trained to self-directed work and to a concentration of activity, but develop habits of carelessness from which they recover with difficulty after they have emerged into self-maintenance. The college provides an artificial life and the adjustment to it has to be significantly modified as the individual encounters the real life of the world.

(B) Every individual must make a social adjustment. He must be able to cause his associates to take a favorable attitude toward him, and he must learn to supervise and to submit to direction. A failure here means inferior economic performance and other repeated occasions for worry.

Another aspect of social adjustment is morality and religion, and it may be said that many fail in this connection. Certain types of religious and ethical instruction leave the pupil under the serious handicap of senseless inhibitions and an absence of constructive principles of life. The tremendous obligations which fall upon the busy mother and the weary Sunday School teacher are difficult to discharge.

(C) Failures in sex adjustment are particularly common causes of worry. Economic necessity is responsible for the fact that most young

men and women reach the age of sexual maturity, with its strong drives, years before satisfactory processes of tension-reduction may be employed. During this interval there are certain to be thoughts and probably actions which are a source of worry. Many persons, especially those who have broken-off a sex habit, find it difficult to maintain control, and there are really no accessible sources of information. The fact is that the individual who has been so trained that he escapes without difficulty is exceptional and most fortunate.

By no means does the period before matrimony afford the only sexual problems. The establishment and maintenance of a normal sex life in marriage is fraught with problems and again the needed information is not provided by any of the educational agencies in a systematic way. In recent years, the senior students at the University of North Carolina requested a course in marriage, showing an understanding of the seriousness of the matter.

In general, we may say that most worry reactions represent the effects of defective training and that a reorganization of our educational methods will very seriously reduce maladjusting processes of this sort.

CHAPTER VII

DEFENSE REACTIONS

Socializing the individual. — Almost every child exhibits a certain number of behavior traits which are inappropriate in social life, or which are prejudicial to the best interests of the child. The task of eliminating these traits falls especially upon the child's parents, and a problem of technique immediately arises. The method which is most commonly employed is some form of punishment, usually involving an infliction of pain and the arousal of fear. This procedure will later be discussed, but alternatives must first be mentioned.

Holt (20) outlines a technique through which the necessity of punishment can frequently be avoided. He pictures the prudent parent as carefully cultivating an effective advisory relation to the child so that when advice is given against particular types of action, with a statement of the consequences which will develop, the child's conduct will be properly affected. The importance of Holt's contribution consists in the fact

that he gives an explanation of procedure employed in training children to react in accordance with suggestions made. It is notable that Holt does not simply suggest that parents advise their children with a statement of consequences, but he describes a method of insuring the development of habits of reacting favorably to such suggestions. The fundamental features of the technique will be briefly outlined.

Every infant has a strong tendency to put out its hand to touch fire. It is very natural for the mother to attempt to prevent this, and she is likely to catch the hand as it is being thrust forward. In doing this she protects the child temporarily, but she robs it of the possibility of developing an adequate attitude toward fire as a dangerous object. Indeed, she creates a rage attitude toward herself as a frustrator and, at the same time, she creates a process involving a strong drive which we may describe as a curiosity about fire. Such a type of motivation is, naturally, a potential source of difficulty. Holt, therefore, suggests the alternative of giving a warning and then permitting the effort to reach the fire to be so nearly successful that the heat actually causes withdrawal movements. The child can then be trusted to learn the habits of dealing with fire, and

will not require constant supervision. Also, the parent's warning about other matters will have the value of actual pain, and advice will tend to be effective as a deterrent. Of course, a single experience of this sort can be supplemented with others, until parental warning acquires complete effectiveness as an inhibiting stimulus.

It will be observed that two techniques of preventing the occurrence of undesirable forms of behavior have been described: Holt's elaborate training process and the "frustration" method. There remains for discussion one more technique, that of punishment by the infliction of pain. As explained in a previous chapter, the use of pain for training purposes involves the danger of establishing a repression tendency. In addition, it is almost certain to lead to the formation of *defense reactions* which usually are disabling, though they are not necessarily so.

Defense reactions. — Defense reactions are tension-reducing devices of thinking and conduct, driven by fear. They differ from other motor habits based on fear in the fact that they are aroused only by situations involving real or imagined criticism of the self. The process by which habits of this sort are established is quite simple and easily explained. We suppose that the par-

ents of a child, in attempting to eliminate undesirable types of behavior, make a practice of applying some stimulus to fear, such as whipping. Now, if this stimulus is applied, as it usually is, with verbal censure and the display of hostility of manner, the effect will be an attachment of fear to any type of hostility as well as to the performance of the forbidden acts. This is a typical instance of conditioning, and requires no further discussion. However, it may be added that, with the repeated occurrence of the fear drive as a reaction to criticism, there is inevitably a formation of tension-reducing devices which, in this case, are called "defense reactions." The psychological formula is as follows:

Qualities — Hostile Attitude — Fear — Defense Reactions.

The principle of the complex just represented in a formula can be expressed in a connected way. The individual has certain qualities — usually of conduct — to which other persons react with hostility, or disapproval by word or manner. To this hostility the individual reacts with fear and, perhaps, with ideas of personal inferiority. Finally, under the influence of the fear, he exhibits reductive activity. The only exceptional case is found when an individual reacts with fear directly to his own qualities without the operation of the

hostility of others. In popular speech we speak of this as "the working of conscience."

The normal reaction to censure. — Before undertaking to describe some of the inferior forms of defense reactions, it is well to characterize the type of reaction to censure which could be regarded as superior. Certainly it is a fact that criticism often is productive of marked improvement in the quality of the behavior of some persons. In these cases we find that the individual reacts to the censure with evaluating and otherwise constructive thinking and seeks to secure a favorable modification of his qualities. By accomplishing such an improvement, he ends the censuring and with it the occasion for fear. This is a reaction of a very high character.

Inferior forms of defense reactions. — In order to introduce the topic of the less effective types of defense reactions, we may examine the peculiar phenomena shown by a man who had very large ears. This young college student has been reared with a pain-punishment technique with the result that a typical conditioned-fear pattern had been established. That is, he reacted with fear to any stimulus suggesting criticism. Reaching college with this mechanism thoroughly formed, he reacted with a mild fear to the humorous com-

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ments passed upon his mule-like ears. The first of the trials of the trial-and-error which he exhibited in securing a reduction device consisted in letting his hair grow to such a length that his ears were completely concealed. This, however, did not bring about reduction, since his long hair was a new source of comment and unfavorable attitude. Shortly afterwards, he displayed a new trial which involved an effort to limit his social contacts to persons who were sympathetic. This was equally unsuccessful because contact with critics proved to be inevitable in the course of his undergraduate life. Finally, chance supplied him with a reductive process which persisted for many years. He happened to be talking to a small group of men on one occasion when he heard the sound of distant music. Upon inquiry, he discovered that no other person present had heard what he had. Immediately, he had a thought which quickly became a permanent part of his "ear" complex. "I have a fine ear for music and these persons who are amused at me are fools. They do not understand that the form of my ears gives me a fine sense for small tone differences." It is very noteworthy that the young man began immediately to undertake the serious study of music and actually has become an excellent teacher of singing.

For present purposes it is interesting to point out that, through a process of trial-and-error, the patient secured a reductive process of thinking which operates to destroy "the stimulating value" of criticisms directed at his personal appearance.

Rationalization. — In the case of the "Ear Complex" just described we observe a form of thinking process which operates as a defense reaction. Thinking of this type is called rationalization, and is habitual; that is, it is a ritualistic form of process which is employed over and over again as a response to criticism or other unfavorable attitude. There are numerous forms, too many for detailed illustration, but the following are typical: "I would have been able to do better, if I had not hurt my finger before the game began," "No wonder these students don't like me! They have no respect for the cultural interests which I have developed. They are simple dolts." "I have not had the advantage of a college education like he has or I would be able to make just as good an impression as he does," etc. It is certainly worth noting that such thinking is not of occasional occurrence but is a fixed reaction tendency of some personalities? Also, regarded simply as statements, they may express a truth or a falsity; yet they are rationalizations

because they are reductive devices used in relation to criticism issuing from the individual himself or from others. The only other type of defense reaction of thinking is that of " changing the subject," which, in an obvious way, rids the individual of the tension-maintaining effect of the attitude of criticism by which he is confronted. This device is used by many persons when they begin to think of discreditable actions of which they have been guilty and, under such circumstances, it may be referred to as a special repression activity.

Conduct forms of defense reactions. — In addition to rationalization and changing the subject, which are thinking habits, there are *conduct* forms of defense reactions. Among these latter is seclusiveness. As the term suggests, the individual seeks to avoid facing an unfavorable attitude by not being on hand to observe it. Persons who maintain a very restricted social life regularly are timid, fearing disapproval of themselves. In many cases, however, the seclusiveness is not deliberate and the individual is not aware of the reason for his failure to establish contacts, because he rationalizes to the effect that it is inconvenient for him to devote time to such interests, or he may make a pretense that the persons with whom he would be thrown are beneath him in social standing or in

intellectual development. However, such rationalization is not necessarily present.

Very similar to seclusiveness is the conduct habit of preoccupation. This device is employed by many of those who are not well received socially but who, for some reason, do not entirely avoid social life. When present in frankly hostile or mildly antagonistic gatherings, they manage to be continuously busy with whatever occupations may happen to be available. Thus, a certain timid lady always insists on being permitted to assist her hostesses in serving, carefully examines all of the pictures and ornaments on display, and singles out an intimate friend for a tête-à-tête. By such behavior it is possible, in a sense, for her to be absent when present. In other words, the various evidences of hostility cannot act as stimuli to her fear because of the distraction activities in which she is always engaged. Her tension is kept at a minimum by this procedure.

To understand the nature of the two other types of defense reactions, which resemble each other somewhat, it is necessary to refer again to the formula of the criticism complex. We have observed that the stimulus to such a complex is the hostility of word or manner which the individual encounters in those with whom he asso-

ciates. It is clear that, if this reaction on the part of the associates can be altered, the occasion for a fear tension will be eliminated. This may be accomplished by defense reactions of two sorts. Some persons establish habits of conduct which serve to change the hostility to a favorable attitude, others learn to act in a way which changes the hostility to fear. In either case the individual no longer receives the stimulus to his criticism complex. These two possibilities will be illustrated.

A certain timid lady has a habit of reacting to all her acquaintances with the most elaborate compliments. She offers to assist them in anything in which they are interested. In a naïve community she has been able to establish herself socially. The technique of another fundamentally timid lady is quite the reverse of this. Her reaction takes the form of telling malicious stories about the members of the community who snub her. As a result, many are afraid of giving offense and of being subjected to violent vituperation. Therefore, the attitude which is taken toward her is deferential and she is seldom confronted by the stimulus which alone is adequate to release her complex. She is a bully.

The formation of defenses. — With the general

nature of the chief types of defense reactions outlined, we are in a position to discuss the ways in which they function in a personality. In the first place, fear becomes thoroughly attached to social disapproval through the action of parental discipline. Then, by a typical process of motor-habit-formation, defense reactions are formed. It does not follow, however, that but one form of defense is developed. There may be several, each appearing as a response to situations of a particular class. For instance, a youth may react to his physical superiors with an exaggerated manner of deference, but to his inferiors in strength with bullying. Encountering an entirely new source of criticism, he may exhibit both of these reactions in succession and, reduction failing to occur, he will exhibit still other forms. By the time adult life is reached, most persons have a very wide equipment of defenses of thought and conduct.

CHAPTER VIII

INFERIORITY COMPLEXES

The nature of inferiority complexes. — It is with no real change of general topic that the discussion turns from defense reactions to the subject of "The Inferiority Complex." A complex of this sort is a fear reaction to social disapproval or self-criticism and, naturally, defense reactions are involved. When it is necessary to distinguish between a personality which simply presents defense reactions and one which includes an inferiority complex, an almost unsolvable problem has arisen. It is perhaps only permissible to say that an inferiority complex operates to motivate more nearly the whole of an individual's behavior.

The process of development. — The defense reactions which are characteristic of an inferiority complex are highly complicated and they undergo a gradual development during the whole life of the person. Two stages in this development may be somewhat arbitrarily distinguished. First, there is a "Primary Stage" during which fear becomes firmly attached to social situations in-

volving attitudes of disapproval. Simultaneously, there is a development of ideas of personal inferiority which arise from the criticism to which the individual is subjected. Finally, there is a beginning of the establishment of very elementary forms of defense reactions. In fact, the defense reactions of this stage are numerous, simple, and transitory. This is clear indication of the existence of a trial-and-error process.

Without any abrupt transition, a "Final Stage" develops. It is distinguishable from the earlier condition, chiefly, by a change in the character of the defense reactions which become few in number, elaborate, and persistent. This stage is sometimes marked by additional features. For one thing, because of an unusual efficiency of the defense reactions, the fear and the ideas of personal inferiority may appear to be absent. In these cases, the behavior of the individual may seem to be quite the reverse of timid and be, in fact, belligerent. However, a careful study of such a personality will reveal the fact that the bluff of sarcasm, threats, and bluster, can readily be "called" so that the essential timidity will stand revealed.

In the final stage of the development of an inferiority complex, a significant extension of the

range of effective stimuli takes place. Actual criticism of speech and manner continues to have a stimulating value but, in addition, ordinary indifference becomes a source of the same very intense uneasiness. In fact, the complex functions whenever anyone fails to give the most courteous attention or appears to be interested in other persons or things. And finally, individuals with this disorder are likely to react violently to any clear indication of personal defect or to an obviously incompetent or immoral performance, even if the facts are certainly unknown to other persons.

Typical defense reactions. — It is now necessary to undertake to present a more concrete picture of the inferiority reaction. This is a difficult task for reasons that will promptly be brought out. In the first place, since there are a number of general types of defense reactions with a wide range of possible variations within each type, it follows that persons who make inferiority reactions show decided individual differences in the form of their thinking and conduct habits. Also, for the same reason, it is not possible to give an accurate general characterization of the traits associated with a complex of this type. Nevertheless, as an introduction to further study, it seems prudent to describe some of the more

common phenomena. Several of these will be mentioned briefly.

Extreme sensitiveness is almost always found. The individual reacts very poorly to criticism and especially to ridicule. He is also prone to show the symptoms of what are known as "ideas of reference." That is, he supposes that any whispered comment is a remark unfavorable to himself, and laughter, even on the part of strangers, is taken as having a personal reference. In the same way, he hesitates to join any "side-walk" group, being convinced without any evidence that his company is not desired. The other side of this picture is the expansive response to flattery. Quite often conversations will be turned to subjects which make some comment on his superior qualities almost inevitable. For the same reason, persons who have the disorder tend to be grandstand players in every sense and seek assiduously a reputation for popularity. The gist of the matter is the fact that the esteem of others has a marked reductive value.

No less characteristic than the foregoing traits is the peculiar reaction to competition. Every form of contest, from athletics to scholarship, is taken with the utmost seriousness and as a real test of quality. Almost literally, there is no love

of games as sports. The individual, when possible, seeks to compete with those whom he can readily defeat or with those whom he could not be expected to defeat. Fair contests are strictly taboo. Associated with this attitude is a tendency to rationalize about defeats which are suffered and, often, there is a complaint about some fancied ailment. At any rate, the unfairness of the conditions are mentioned in a self-consoling way. There has been no opportunity to practice, the luck was bad, and so forth. Such hedging and giving of alibis is quite characteristic.

The derogatory tendency is very marked in persons who have typical forms of inferiority complexes. Especially common is confidential criticism of third parties. However, to give an impression of fair play, there is likely to be a comment or two which are conservatively complimentary. This tendency, of course, reflects jealousy, but it proceeds fundamentally from fear.

An illustrative case. — In order to give more definite meaning to some of the more abstract features of the discussion in this chapter, the history of an actual inferiority complex will now be presented. While our primary interest is the psychological development of a certain young

woman, her mother's personality requires a brief preliminary comment.

The mother had married imprudently, and soon her lack of social position became a source of very keen distress to her. The humiliation was increased by the fact that her sister's agreeable situation offered a sharp contrast to her own. It is, therefore, not surprising that, when a daughter was born and while the child was still an infant, the mother began to develop elaborate phantasies. Her little girl was to grow up to be an utterly charming person who would marry the most remarkable of men. It was to her great disappointment then that she discovered that her daughter was not pretty and not at all clever. She reacted curiously to this threat to her hopes. She was infuriated and began a remarkable system of persecution. She regularly told her child that she was an ugly duckling and she punished her without justification and with great severity. Perhaps, we may look upon this exaggerated rage reaction as transference from a blocked emotional response to her husband. At any rate, it was under this unnatural régime that the daughter's personality developed.

The child became very timid in her relations with all adults, and she was not permitted to as-

sociate with any of the children of the slums in which she lived. Accordingly, she developed ideas of personal inferiority but failed to secure adequate defense reactions, though she did become seclusive and was over-absorbed in play with her dolls. These general tendencies persisted until she reached the age of fifteen, at which time she began to improve in personal appearance. Her mother's exalted matrimonial hopes were promptly revived, and new plans of securing the attractive husband were set into operation.

It proved possible to attract some young eligibles to the house. On the first of these occasions the mother ushered the caller into the parlor with considerable ceremony and, ostensibly departing, actually concealed herself behind the curtains at the door. Later, after the young man had departed quite unimpressed, she undertook to point out some of the defects of her daughter's technique. She said, in part, that the girl was not only unduly formal in manner but that her conversational efforts were more stupid than could be expected of a normal person.

Several young men called after this but the girl, knowing that her mother was behind the curtain, thought of things to say, criticized them herself, and remained silent. The young men struggled

through part of the evening and went away never to return. This confirmed the girl's lack of confidence in herself and the drive of her complex became more intense.

Fortunately, at this time, the family finances got into such a condition that the girl had to secure employment. She found a position for which she was fitted by a business course and, with the intense drive of her fear, she displayed such energy that she succeeded. Psychologically considered, her employment removes her from the sources of stimulation to her complex. This is a seclusiveness defense. Secondly, the attitude of her employers and co-workers is favorable to her. Finally, she rationalizes in two ways. She says that the institution of marriage is slavery for women and that the young men and women of the day are utterly trifling and unworthy of the attention of a serious and industrious woman.

The social significance of the inferiority complex. — When we examine critically such a case as the foregoing, we are forced to observe that the behavior and thinking of an inferiority complex are not necessarily abnormal. In fact, it might be said that the adjustment of this particular woman is superior, since she actually contributes significantly to society by her industrial efficiency.

The point of the matter is that the drive of social timidity may often motivate exceptionally high-class behavior. And, in the light of this fact, the statement that the world's work is carried on mainly by persons who have mild inferiority complexes becomes intelligible. Without attempting to question the validity of this opinion, we may still say that inferiority complexes are often productive of gross inefficiency.

Before concluding the discussion of social timidity it appears important to present a number of cases which illustrate the more common of the complex defense reactions which have been observed. Furthermore, it is necessary to add a chapter on treatment.

CHAPTER IX

RATIONALIZATION AS A DEFENSE REACTION

The elaboration of a single type of defense. — It has already been explained that inferiority complexes uniformly undergo a gradual development. In every typical case, there is an early stage marked by numerous "tentative" defense reactions. Later, after the completion of a process of elimination, a single type of defensive device emerges to function thereafter as the individual's characteristic reaction to social disapproval and self-censure. Thus, in considering the psychological history of any patient, it will almost certainly be found that there has been a period during which there has been a display of deference, belligerency, seclusiveness, rationalization, and perhaps of every other possible form of defense. However, when attention is turned to a much later period of the life, it will be discovered that but one of these reactions is regularly exhibited and that it has attained to a remarkable elaboration and specialization for particular circumstances.

Some of those who have inferiority complexes specialize in rationalization, others in seclusiveness, and so forth. The type of defense reaction which becomes a fixed and almost exclusive habit depends on what proves to have the greatest reductive value in the *total* life situation of the individual.

This chapter and two succeeding ones will be devoted to a detailed examination of the thinking and conduct phenomena associated with several of the more important types of fully developed inferiority complexes. The illustrative cases which will be presented are representative and indicate adequately the wide range of differences which are found in the behavior of the socially timid. It should be clear that, in examining this material, it is not sufficient merely to give a psychological analysis of the several defensive devices. The really interesting problem is why one individual develops one sort of defense while others establish habits of quite different kinds. Naturally we find our explanation of this by referring to dissimilarities of childhood experiences.

An instance of rationalization. — Alfred, while still a young child, received from his mother certain notions which later provided him with materials for rationalization processes. This situation

came about largely because his father's vocation as a Protestant minister made it necessary for the family to reside in the slum section of a large city. Because she was afraid that her boy's conduct would suffer from too intimate contact with the ragamuffins of the neighborhood, his mother did not often permit him to venture beyond the confines of a small backyard. She explained to him that he was not like the children whom he saw on the streets but that he was different from them in a highly desirable way. Furthermore, she succeeded in causing him to develop an interest in artistic pursuits; and he took great pride in the fact that visitors in the home complimented him on his remarkable accomplishments.

Considering these conditions, it is not surprising that at the age of six he was capable of elaborate rationalization as shown in the following episode. He had dined with his mother on the first floor of his home and asked to be carried up to the living room. This request was refused because his mother was in poor health at the time and, after a lengthy argument, he was left stubbornly standing at the foot of the stairs. Somewhat later he appeared at his mother's side with the statement that he had been carried to the second floor as he had demanded. As a matter of fact

he had come very slowly up the stairs lifting first one leg and then the other. This became a beloved story with both parents, for it was taken as evidence of the child's brilliance. It was told so often in his presence, with applause, that a great premium was placed upon conduct and thinking of the type.

When Alfred was twelve he was sent to a public school for the first time. By reason of the fact that his contact with boys of his age had been so restricted he was poorly qualified to make a social adjustment to his fellows of the classroom and playground. His speech was over-nice, his manner was too much that of an adult, and he had an attitude of self-appreciation. In short, he was irritating and he was immediately met with such intense persecution and badgering that he developed a typical inferiority complex. The first trial-and-error defense reaction which he exhibited was seclusiveness, but this proved ineffective under the prevailing circumstances. It was natural therefore that he fell back upon the rationalization tendency toward which he was predisposed by the treatment accorded him during his infancy and the early years of his childhood.

For present purposes it is quite unnecessary to follow his psychological history during adoles-

cence and we turn immediately to the extraordinary behavior which marked him as he reached young manhood.

Alfred first attracted special attention when he was a sophomore undergraduate by expounding, and putting into use, a curious theory of the way in which the hands should be held in walking. He insisted that the common practice of permitting the arms to swing is undignified and unesthetic; that a more impressive effect is got from holding the hands rigid and slightly in front of the body. Having developed this habit thoroughly he undertook to mark himself off from his fellows in many different ways. He began to memorize portions of the writings of Mencken and Wilde and became very adept at expressing the notions of these two men in ordinary conversations, securing thereby notable effects. He also ventured into the field of literature on his own account, though he neglected the regular university courses in that subject. He wrote *vers libre*, only his verse was considerably more *libre* than most free verse is. All of his poems were painstakingly copied on very expensive Japanese vellum and visitors to his room were given the manifest privilege of listening to his reading of his own compositions. To his other accomplishments he added a remarkable skill at

ping pong and was able to defeat all of those whom he could persuade to play with him.

The greatest amount of comment was aroused by his actions in connection with a party which he gave. To this affair a great many persons were invited and an enormous store of refreshments purchased. On the morning of the event, however, a friend was asked to take charge and act as host. Alfred said that he would not be present himself, that he intended being out of town. Some days later it was discovered that the absent host had missed his own party in order that he might go to a nearby city to see a moving picture in which, as far as could be discovered, he had no special interest. In explanation he said that he had felt that any picture would be more entertaining than a roistering party.

It should not be supposed that this young man was exhibiting a passing form of undergraduateness, for the tendencies which he revealed as a student have persisted for years. For instance, after he had received his diploma and had been commissioned in The United States Army, he achieved with his new associates a reputation for being peculiar. He constantly did the unexpected and showed an intense interest in breaking military regulations which he required his subordinates to

observe with the utmost strictness. Moreover, after the signing of the Armistice, Alfred married a young Spanish woman before returning to America. This was not strange in itself but, although his wife has lived in this country for seven or eight years, she has never been permitted to learn the English language. In fact, she is not even able to order the family groceries and is otherwise inconvenienced. Conversations in the home are carried on in any one of a number of different tongues: French, German, Italian, Spanish, Polish, and Russian. Furthermore, if a guest is fluent in any one of these, he will be forced to listen to a discourse in the others.

An analysis of the reaction. — Perhaps the significant features of Alfred's behavior have been illustrated sufficiently to permit of an attempt at a psychological analysis. Certainly, it is quite clear that he is a poser but, since his posing causes him to be treated with the utmost disapproval, it is not obvious in what way his conduct functions as a defense reaction. This matter becomes clear only in the light of some of his thinking habits. He often expresses openly the idea that his peculiarities are evidences of superiority, and he charges that the persons who withhold credit are animated by jealousy. "Most people are fools,"

he says. Thus he supposes that their hostility is a sign of envy and that this envy is a sure sign of his own superior worth. Naturally, such a conception reduces his fear somewhat.

Examining Alfred's reaction from another point of view, we take account of the fact that those suffering from inferiority complexes are especially afraid of unsuccessful competitions. Accordingly, in the conduct of this man we see the employment of a method by which a limitation is placed upon competition. He does not compete at all in the fields in which he might have worthy rivals, but he develops skill along lines in which the majority have no real interest. Ping pong with him is a major vocation; with his acquaintances it is the pastime of an odd moment. He can defeat all novices and he regards his success as significant. He does not compete with Tennyson and Browning in their forms of poetic writing nor yet with the composers of the more familiar types of free verse. He creates a new poetic form. All of this dodging of rivals permits him to excel and, ultimately, makes possible the effectiveness of his rationalization. On the other hand, it is necessary to note that his ideas of personal superiority have some basis of fact in that no person of average ability could secure a speaking command of

such a wide range of languages. He is actually a linguist of no mean order, but the point is that his skill in this respect is so extremely important for him in relation to his emotional complex.

In passing it may be pointed out that adjustments of the form displayed by Alfred are quite commonly observed in at least some of the members of every large social group. It is natural that a large number of persons should be driven by inferiority complexes into an attempt to be in the front rank of the human procession. To achieve a conspicuous position in conventional activities is very difficult, but a skilled rationalizer can secure "the comforting assurance of superior quality" easily by systematic non-conformity, This is perhaps the reason why exotic isms and fads flourish and why parlor bolsheviks and vituperative essayists are particularly numerous.

Delusions. — The type of psychological process which has just been described should be distinguished from another in which rationalization plays a no less conspicuous rôle. To bring out the desired contrast in the most forceful way, a case of paranoia, a type of delusional insanity, is selected for illustrative purposes. The traits of personality which will be thrown into relief in this individual are found in a less extreme form in

many "normal" persons but there is a decided advantage in studying them as they occur in the insane, since their essential nature stands out more clearly when exaggerated.

George Holt suffered from two very severe psychological handicaps which made it impossible for him to make a good social adjustment to his school-fellows: he was stupid and he was naïve in his actions and comments. For these reasons he was ridiculed and persecuted almost from the beginning of his career and, having rapidly developed a simple form of inferiority complex, he discovered the defense reaction of seclusiveness, making it a practice to spend as much time as possible in the presence of his invalid mother. From her he received consolation in the form of the idea that he was in every way superior to his tormentors and that decent persons are always subject to persecution. These two conceptions played a most significant rôle in his later life.

When George was seventeen his father died and the support of his mother fell upon his shoulders. He undertook the task with enthusiasm, probably because it permitted him to escape from the hostility of boys of his own age. However, so limited was his training and natural ability, that he was not able to retain the various positions which he

was able to secure. As a consequence of these disappointments, his emotional condition became as intense as it ever had been and he naturally reverted to his former device of seeking consolation from his mother. After a number of conferences, it was agreed that the whole difficulty had arisen from the fact that the young man's first employer had formed an unjustifiable hatred and that this enemy was responsible for the series of dismissals. In this notion we discover a form of rationalization known as a "delusion of persecution," and it will be observed that it is not a very satisfactory form of defense. Its weakness consists in the fact that the reason for the hatred of the enemy is left unexplained. This deficiency of the delusion was afterwards corrected in a very remarkable way.

George managed to borrow sufficient money to take a course in telegraphy and became a train-dispatcher on a railroad in Florida. Shortly after undertaking this work, there was a period of emergency in the train service during which he was busy at his instrument for thirty consecutive hours. At the end of this period, according to his story, he went to a corner of his office and while there had a very vivid experience. The Angel Gabriel came to him and told him that he was The Son of God sent to redeem the world for

a second time. He denies the possibility that his experience was just a dream for it makes the whole of his past life intelligible to him. He recognizes the literal fact that he has been despised and persecuted while attempting to conduct his life on a high moral plane, and he has often indulged in the romantic thought that perhaps he might be a divine being. In these observations and phantasies, undeliberate preparation was made for a ready acceptance of the validity of his Messiahship.

With the development of his ideas of personal grandeur, the delusional system of George Holt became complete. His rationalization processes now constitute an especially effective defense reaction which is reductive of all fears that might tend to arise from his humble social position. And, it follows that thoughts which conflict with his delusion are immediately repressed because their acceptance would mean his being plunged back into his ideas of personal inferiority and a state of extreme fear would arise.

Comparison of two cases. — In making a comparison of the two cases presented in this chapter, it is found that both Alfred and George exhibit defense reactions of a somewhat similar character. In each instance, a definite tendency

to rationalize was generated by instruction in that process received in the early years of life. However, because he had considerable intelligence and aptitude, Alfred secured some support for his delusions by actual accomplishment, while the stupid George could only achieve an unsupported set of tension-reducing ideas.

Religion misused. — Before this chapter is concluded, it appears prudent to comment briefly on one of the ways in which religion is misused. The fact of the case is that religious instruction is often so unskilfully given that the pupil finds merely a new and effective basis for rationalization. Instead of the cultivation of an attitude of rational humility, there may be an exaggeration of an entirely irrational egotism. For instance, in ever so many cases we find that an individual will place an emphasis on some actually quite trifling ritual or very minor taboo and, on the basis of this, reach the conclusion that he is superior to the ordinary run of mortals. Furthermore, he may secure such an impression of his moral worth that he neglects to examine critically his really serious forms of delinquency. A certain construction engineer refused to build a roof on a tobacco factory because he did not approve of smoking, but was later sent to jail because of an ingenious defraud-

ing scheme. He made a practice of borrowing money from an endless chain of people, paying each creditor with the funds which he borrowed from the next. It is not difficult to see in such cases the essential form of the reactions of both Alfred and George.

CHAPTER X

DAY-DREAMING AS A DEFENSE REACTION

For reasons stated in the preceding chapter, many of the more complex psychological processes can be most readily understood when they are observed in morbidly exaggerated form. Thus it is with day-dreaming and the phenomena of conduct, which are associated with it in certain inferiority complexes. It is, therefore, permissible to examine some of the features of a case of dementia praecox catatonia, a form of insanity in which day-dreaming plays a rôle of great prominence.

A case of excessive day-dreaming. — When Esther was brought before a group of doctors in a clinic, it was found that she had literally to be dragged into the room. Her resistance was not of the sort found in persons enraged but had more of the character of a stupor. She did not at once sit down in the chair which was made ready for her but, after a time, she yielded to firm commands and assumed a posture from which she did not stir for more than fifteen minutes. During this

period her head was rigidly erect, her eyes unfocused, and the information was given that she had not spoken in nine months nor had she reacted to her environment with the ceaseless variation of activities which is typical of normal persons. In fact, she had not even been eating, and it had been found necessary to feed her through a nasal tube, a process which had not served to maintain her nutrition at a satisfactory level. Other evidences of her inertia were present at the moment for, if her hand were raised, or if her head were bent around into a strained position, no effort at readjustment was made for a long period. Furthermore, she did not respond to threats for, when one of the physicians present said that he was going to burn her with a match, she did not even flinch although the flame was brought quite close to her face. In short, her passivity remained almost unbroken.

In about three weeks after the holding of the clinic, one of Hester's aunts came to visit her. Although there was no sign of recognition or other change in her behavior at the time, on the following morning she was induced to speak to the house physician and was questioned at some length about her recent conduct. In response to a query about what she had been doing during her protracted

period of silence, she said that she had been " just dreaming " and she even related the stories of some of the phantasies with which she had been occupied during many months. All of them proved to be romances in which she had figured as a *person of consequence* involved in social triumphs and successful adventure.

In full accord with the fundamental principle of habit formation, this reaction of Esther is readily explained by reference to her earlier experiences. However, before this topic is developed, another question must be briefly answered. Assuming that the patient has an inferiority complex, a fact to be established later, what is the significance of the peculiar behavior and thinking which constitutes her present insanity? What is the essential nature of her defense reaction?

Significance of the reaction. — In many of the attempts at a theoretical interpretation of adjustments of the sort under consideration, a great deal of emphasis has been placed upon an alleged trait of stubbornness. What has been stressed is the fact that verbal suggestions are rarely carried out and that contrary reactions often are made. Adler (21), impressed by this observation, has suggested that these phenomena are true obstinacy and are in a sense an assertion of su-

periority. It is implied that a failure of the patient to coöperate is employed as a basis for rationalization as to his importance and corrects a tendency toward a feeling of insignificance.

As an alternative to Adler's theory there is need of a conception which will interpret the various features of the catatonic reaction as constituting a unified system. Such a point of view will now be offered.

In describing the very typical behavior of Esther, attention was called to the fact that her eyes were almost constantly out of focus. Such unpreparedness of the sense organs for stimulation is characteristic of normal persons when engaged in profound reasoning or revery. It is an active habit established in early life through which the intrusion of external circumstances is blocked to a very great degree so that processes of thinking proceed uninterruptedly. Of precisely the same significance is the common practice of seeking quietness and comfort when the necessity for "abstraction" arises. It is a mistake, therefore, to over-emphasize the "failure of the catatonic to respond to verbal commands." The same resistance is shown to all forms of stimulation from external sources, and this is a protection of thought processes. Also, it is not surprising that

the catatonic should occasionally exhibit contrariness when his tendency to maintain the posture and behavior of abstraction is frustrated. Under such circumstances it seems absurd to class the reaction as an obstinacy supporting rationalization. It is merely a very simple form of rage.

When Esther's conduct is examined from the point of view which has just been presented, it becomes clear that the reduced effectiveness of external stimulation serves a double purpose. In the first place, many of the stimuli in her environment, if permitted to operate, would produce a functioning of her inferiority complex in extreme form. This is, of course, prevented, for she has "retreated from reality" by behavior and posture. In the second place, by continuing in a series of romantic phantasies she maintains an emotional state which is the reverse of that which would arise did her ideas of personal inferiority have an opportunity of being aroused.

The strange adjustment which marks the final period of the life of our patient is clearly the unfortunate result of an unusually repressed childhood. With a brutality which is almost without parallel, her parents made her a "Cinderella of the kitchen." For reasons which are not clear her brothers and sisters had preferred places in

the household and had a degree of freedom. Esther, however, was made to live most of her waking hours in a kitchen, never having an opportunity of finding companionship and diversion. It was reported by a case worker that, as far as could be discovered, she was treated with the utmost contempt by the family and the high point of her career was a solitary trip to the movies with a brother. In response to this situation, the patient had filled her rare hours of leisure with the reading of romantic novels and short-stories. Since the treatment which she had received had meantime created the primary stage of an inferiority complex, she naturally resorted immediately to the day-dreaming tendencies which had already been established. Also, it is interesting to note that it was upon the day of the death of the friendly brother that her condition rather suddenly became so abnormal that she was committed to an institution. In the language of common sense, the last tie which held her to the world of reality had been broken.

It is hardly necessary to say that a parallel for Esther's exaggerated day-dreaming is found in "normals." Many persons who are socially inhibited and who fail to achieve distinction in the world of affairs, resort to romantic phantasies.

In most cases they are seclusive and one may often see them in the posture of abstraction. Usually these lapses into day-dreaming are temporary but the form of the reaction is that of dementia præcox catatonia.

This concludes the discussion of Esther's disorder except for brief mention of one additional feature. While still a young child she had spontaneously discovered masturbation. This promptly became a habit which has persisted up to the present, probably because it has operated as a general tension reducer.[1] That is, we may regard it as primarily a sex function, but as also being motivated by the fear component of her inferiority complex. However, her masturbation has had a significance deeper even than this, for it has increased her ideas of personal inferiority.

Turning now to certain more general matters relating to "retreats from reality," several problems require attention. In what respects are extreme forms of day-dreaming maladjusting? What factors in training and experience generate tendencies of the sort? Finally, what methods are available for treatment? To the first of these questions we proceed forthwith.

The dangers which confront the day-dreamer.

1 Compare Chapter V, Page 72.

— The psychological dangers which lurk in an excessive tendency toward day-dreaming are too obvious to justify extended description. In the first place, it is a matter of interest to organized society that every individual member should accomplish the reduction of his tensions, or win contentment, through useful *conduct*. It is, therefore, undesirable that a substitute for constructive activity be found in imaginative processes, for dreamers of the particular type are notoriously unproductive. Secondly, when phantasies relate to an expected future, the disparity between the hope and the reality is likely to make a good adjustment hard to establish. This is a real source of difficulty when romantic young women face marriage. Similarly, men who have developed very impractical vocational plans find it a strain to display continuous effort in the routine of commonplace employment. With every setback, such a failure to win a promotion, the earlier ambitions surge up to establish a distressing conflict. The point hardly requires further comment.

Alternating personality. — For the sake of greater completeness it may be well to mention one more way in which day-dreaming may cooperate in producing maladjustment. The

phenomena to be described are certainly rare and the rôle of the dreams is always a minor one.

It has been observed that a large number of persons have a period of quite elaborate phantasy-formation and yet do succeed in developing afterwards a very normal interest in conduct and social intercourse. Of this class many never reveal the slightest ill-effects during the remainder of their lives. This does not, however, prove that there is no latent tendency for it is found that acute exhaustion, illnesses, drug states, and emotional shock may cause regressions, or reversions, to trance-like conditions in which the dreams find expression. An illustration is taken from Janet (22).

Rou was a youngster of seventeen who had from early childhood shown unmistakeable signs of nervous disorder. Since the age of thirteen he had made a practice of drinking at a tavern which was frequented by sailors. Although he listened with the greatest interest to stories of the sea, he did not reveal an inclination to seek maritime adventures as he went about his daily tasks as a grocer's boy. It was only when he was in a drunken or exhausted condition that a keen desire to travel came upon him. On these occasions he

sometimes made off, begging his way, and seeking by any and all means to reach the seashore.

One of Rou's travel episodes is of especial interest. He disappeared from home without leaving word and took employment on a canal barge which bore him some distance toward the coast. Continuing on his way, he joined a traveling tinker and the two wayfarers seem to have had an agreeable enough time of it, for one evening they celebrated a religious feast. During the festivities the older man chanced to mention the date. Rou seemed suddenly confused and said, "This is my mother's birthday." Thus, he came to himself but he could not recollect a single event which had transpired since his departure from his home.

The genesis of phantasy tendencies. — In undertaking a general discussion of the factors which create a predisposition towards "a retreat from reality," no great difficulty is encountered. An exaggerated tendency toward day-dreaming is naturally developed by such children as fail to receive an opportunity for manipulative play. Those who are frail and are confined to bed for long periods and all who lack companions fall in this class. Their situation is complicated if they are "set" in the direction of phantasies by story-

telling and other incentives of the sort. It is, no doubt, easy to exaggerate the importance of childhood fancies in looking for possible deviations from normal development. At the same time, when much of a child's time is devoted to romancing, it is a simple matter to make an investigation and to institute corrective measures, if they are indicated.

A small girl of five amazed her parents by reporting that she had been spending her mornings at play with a "little brown fairy," and she even undertook to explain exactly where he lived and what he said. This story prompted an investigation and ultimately called attention to the fact that the poor child had no playmates and was lonesome. Accordingly, as soon as arrangements could be made, the family moved to a neighborhood where suitable companions could be found and this measure proved sufficient to restore an active participation in real social relationships. While it might be felt that the attitude of the parents was over-cautious, it should be remembered that very rarely does a maladjusting process make its first appearance during the adult period. Usually there has been an insidious beginning in childhood, and the initial form of the trait has not seemed at all alarming. From such a point of view, a day-dream is a "compensatory

mechanism," revealing the frustration of a drive. As such it deserves the serious study which is seldom accorded it.

General analysis. — The greater part of the present chapter had been devoted to a systematic review of the phenomena which mark "retreats from reality." This reaction, as found in inferiority complexes, was shown to be a device which permitted the individual to be "absent, though present." That is, it is a combination of conduct and thinking which shields the socially timid person from those stimuli which tend to arouse his ideas of inferiority and his fear states. Especially it should be noted that the stimuli are rendered ineffective without the individual's leaving the place in which his complex developed.

For one who understands the *defensive* significance of "retreats from reality" the question naturally arises as to whether the same effect is not sometimes secured by an actual departure from the environment in which the complex has been functioning. As a matter of fact, this is precisely the most common of all fear habits, and is a typical defense reaction. It is referred to as "seclusiveness" and is found most frequently in men and boys who have a freedom of movement which is not available to girls. An illustration

is selected from the studies of juvenile delinquency made by Healy (23). The origin of the inferiority complex which is obviously present in this patient does not require special comment. Our interest is in the form of conduct displayed.

A fugue. — Emil, a delinquent child, had given a great deal of anxiety to his parents before he had become fifteen years of age. He had stolen small sums of money, was a liar and truant, but the trait which caused most difficulty was his tendency to run away from home. During one period of three months he is known to have wandered off fifteen times, and the drive behind his vagrancy was evidently intense because, during his wanderings, he was forced to endure many and severe hardships. Taking everything into consideration, it appears that his keen desire to get away from his family was primary in importance and that his lying and stealing were subsidiary to it.

There is abundant evidence that Emil's wayward conduct was not a specialized form of nervousness. Rather, it seems to have been a reaction to some definite factor in his home situation. When he was placed with a kindly lady on a farm, he remained there quite contentedly and, when it became necessary to send him home, he repeatedly made efforts to return. The same be-

havior was shown when he was placed with another woman and he even sought to remain permanently at an industrial school to which he was committed. All of these places had a charm for him and he made violent efforts to get back to them when he was forced to leave. In short, he did not have a wanderlust but was merely intent on avoiding his family. Although he was undoubtedly nervous, his conduct is not intelligible on these grounds alone.

When Emil's home was subjected to investigation, no special features attracted attention. His mother was fairly kindly and his stepfather appears to have had some insight into the boy's difficulty. If severe punishment was occasionally administered, it fell equally on the several children and was not of such a sort as to arouse unusual resentment. The source of the child's difficulty lay deeper and Dr. Healy was able to discover it only after an exhaustive study.

Emil had been born out of wedlock before his mother had emigrated from Vienna. There had been no marriage with his father and there is abundant evidence that the boy had overheard some conversations relating to his illegitimacy. In response to his inquiries about his parentage, his grandfather had refused to give him information,

saying that all would be told later. However, this time never came and never did Emil learn the name of his father, though he was vividly aware that a stigma was attached to him. He brooded over this matter, and an inferiority complex began to develop.

Certainly, it is clear that in his frequent departures from home Emil was leaving behind most of the stimuli which were most intimately associated with his inferiority complex. By this device he periodically secured a reduction of his emotional tension in the sense that it subsided for want of stimulation, whenever he was away from his mother and the other members of his family. The vagrancy was evidently a defense reaction, because the attitude in his home was deliberately kind.

Emil's behavior is but an extreme form of a very common type of conduct. Many an individual moves rapidly from one city to another, or from one job to another. In most cases the drive is probably fear, for withdrawal is the most natural reaction to that source of motivation. In the larger number of instances of the sort it can be shown that departure follows any episode in which the individual is subjected to criticism. The unfavorable attitude is intolerable.

Summary. — The material presented in this chapter may be very briefly summarized. We have been concerned with the common defensive device of reducing the fears incidental to social contact by the elimination of the stimuli which tend to arouse and maintain them. We have seen that this general effect can be accomplished either by abstraction and preoccupation with day-dreams or by withdrawing to a new environment. As illustrations the cases of Esther and Emil were outlined. Rou's reaction was described in connection with the discussion of phantasies merely to show how day-dreams may create predispositions to serious disorders which actually come into existence during periods of unusual physical or emotional stress. It was not suggested that an inferiority process played any significant rôle in Rou's particular case.

CHAPTER XI

HYSTERICAL TRAITS

A case of hysteria. — Elizabeth, a very attractive little girl of thirteen years, was so completely neglected by her mother and older sister that she became unusually dependent upon the companionship of other children. For a time her social contacts remained sufficiently broad for safety, but gradually her interest began to center on one particular child, a girl of her own age, and the two were almost constantly together. In spite of the abnormality of this situation, no difficulty arose for a certain length of time but, finally, the erstwhile friend became irritated about some trifling matter and immediately began to make false accusations against Elizabeth, prejudicing the children of the community against her. The result was the development of an active hostility of remarkable intensity. Elizabeth was treated with the utmost contempt and in desperation she reported the situation to her mother. After a hasty investigation had revealed nothing of consequence, the matter was dismissed as something which was

best ignored. Nevertheless, the persecution continued, being especially marked at parties and at other public gatherings. Elizabeth developed ideas of inferiority and a fear of the opinion of others. Had she sustained a satisfactory relation to her mother, it is entirely possible that this morbid process would promptly have disappeared. This, however, did not happen.

One evening, about six months after the beginning of her difficulties, Elizabeth reluctantly began to prepare to attend a social function which was being held by the children of her neighborhood. While engaged in adjusting her dress, she suddenly became ill with a headache and it was necessary that she retire to her bed. Furthermore, she never attended another entertainment or party until years later when her family moved into a new community. During the interval her mother did insist upon her accepting the very infrequent invitations which she received, but always, as the hour for going approached, she became ill with intense pains in her head. So violent was her distress that no suspicion of pretense arose in the minds of the members of her family and, indeed, it is not necessary to accept this explanation of her symptoms. They were produced by quite a different process later to be described.

The curious periods of violent headache which were revealed in this young child and which were characteristic of her until she was well into her young womanhood represent a fairly typical form of hysteria. However, before the general nature of this disorder is brought up for discussion, its significance in this particular patient will be explained with *no* suggestion that all cases of hysteria have the same origin. Current theories of personality, such as the Freudian Psychology, are entirely too prone to over-burden a few simple formulæ. Many of these writers seem to feel that any group of "mental phenomena" which are somewhat similar must of necessity represent the functioning of identical underlying processes. So it is with the Freudian interpretation of hysteria, a disorder which is held always to involve the "conversion" of an inhibited sex tendency into a physical symptom. In opposition to this simplifying tendency it is insisted that only a single particular case is going to be given a psychological interpretation at this point, and it is probable that few parallel cases can be found.

Analysis of the reaction. — It is obvious that, in attempting to understand a disorder of Elizabeth's type, it is important to have the patient under personal observation when the symptoms

are developing. It is not surprising then that, when such an opportunity arose in the present instance, the essential features of the reaction were readily discovered.

In the first place, it was found that for the twenty-four-hour period before a party the patient exhibited a rapidly increasing emotional tension. This was overtly revealed by diffusion in the form of repeated simple movements, by an unusually high activity level with distractibility prominent, and by transference. This last mentioned process was a continuous preoccupation with all sorts of distressing thoughts. The basic emotional state was, of course, the fear with which she anticipated her coming contact with hostile children, and, under the conditions which prevailed, she had no reductive device of conduct or thinking. Her mother insisted upon her facing the inevitable rebuff and, because of the very fact that her headaches were not a pretense, she could not have the emotional relief that an expectation of missing the party through illness would have afforded. This explains the rapidly mounting emotional tension and, incidentally, the diffusion, high activity level, and the transference.

In the second place, the patient read excessively during each period of emotional stress and, while

the reading served to interrupt her thinking about the approaching difficulty, it created a condition of fatigue in her eye muscles. Thirdly, she refused to eat reasonably when nervous and gorged herself on sweets and other rather indigestible foods. And finally, she wept repeatedly and violently.

Interpreting the behavior which has just been described, we readily discover an explanation of the headaches. The emotional state, which was a natural reaction to the thought of attending a party, involved an interruption of normal intestinal processes and the consequent digestive disorder was aggravated by imprudent eating. Thus, a definite organic basis for the headaches was gradually developed on each occasion, the appearance of the symptoms being insured by long hours of reading and by weeping. The last two activities, and perhaps the eating of sweets, might well be deliberate but several reasons have been given for supposing that they were habits which were not understood by the patient as having a definite relation to her pains. Since human habits regularly arise without intention, there is nothing unusual in the present instance. We may then safely say that certain experiences of the patient have served to attach fear to social situations and

that there has been an establishment of conduct habits which accompany the emotion and serve to create the headaches.

The utility of symptoms. — While the concluding statement of the preceding paragraph is adequately descriptive of the process involved in the production of the hysteria, it is not psychologically complete. It can hardly escape attention that the headaches are reactions to a recurrent combination of circumstances and, therefore, constitute an adjustment. Furthermore, there is a basal fear state and so presumably the headaches have a real tension-reducing value. In other words, it is necessary to undertake to discover the "utility" of the symptoms, a problem that affords no great difficulty. To this matter we now turn.

There are two difficult social situations which arise frequently in Elizabeth's life, causing her inferiority complex to function in intense form. One is her mother's preoccupation with the interests of the older sister. This involves a neglect of the younger child and is a source of deep humiliation. Resentment is not present, of course, because rage reactions are not characteristic of persons who have fixed ideas of personal inferiority. In the second place, as already explained,

Elizabeth is forced by circumstances to face persecution at the hands of children of her own age. Obviously, this latter difficulty is closely related to the first because it is in connection with the persecution that the child's need of her mother's reassurance and assistance is greatest. Accordingly, the headaches which first appear as a reaction to threatening contacts outside the home also serve a purpose in controlling the conduct of the mother. It is only necessary to observe what occurs on the night of any party to understand the significance of Elizabeth's illnesses as a form of adjustment.

Whenever the patient begins to complain of being ill, her position in the household is immediately altered. The members of the family suddenly seem to become aware of her and perhaps regret their former indifference. At any rate, the child is caressed and petted; she is assured that she is significant and loved; and she is told that she is a victim of persecution. Thus she is aided in the maintenance of a rationalization habit to the effect that she is not after all inferior and this is reductive of the emotion with which she contemplates her social relationships. Also, and more significantly, the headaches make possible and reasonable a seclusiveness type of defense reaction.

They permit the avoidance of those situations which are most potent in the arousal of her inferiority complex.

While it is not safe to draw general conclusions from a single instance, Elizabeth's reaction does serve to call attention to several practically universal characteristics of hysterical disorders. In presenting the following analysis it is insisted that the validity of the opinions to be expressed can be thoroughly established by a careful review of the numerous case-histories which are available in psychiatric literature. Such detailed study is not feasible in the present volume.

Characteristics of hysterical disorders. — The most notable feature of hysteria is the "simulation" of phenomena which are ordinarily due to actual disease processes in the tissues of the body. Sensory abnormalities, paralyses, contractures, and pains are especially common, but such disorders as epilepsy and various skin affections are often very closely duplicated. Conditions of this sort are usually found to be *symptoms* of a malfunctioning of fundamental bodily processes. However, as encountered in hysterical form, they have no demonstrable organic basis. For instance, an inability to move one of the arms is, under ordinary conditions, indicative of some

serious disturbance of nerve or muscle structures, but in hysteria the same incapacity may be found with the integrity of both nerves and muscles completely preserved; and it is this consideration, in part, which suggests that the causal processes are of a psychological nature.

In the second place, every hysterical symptom is part of an emotional reaction and has a more or less direct relation to tension-reduction. In the reaction of Elizabeth, as previously described, we have seen how headaches of the sort may function as reductive in relation to the fear component of an inferiority complex. Yet, this is not the only possible relationship. All types of emotional complexes may be productive of hysterical phenomena. In the recent World War, many of the soldiers who found service in the front-line trenches extremely terrifying "resorted to" one or another disorder which protected them from duty at the front. Quite similar are the posture conditions which are sometimes developed by women who have passed through particularly painful labor. It can hardly escape attention that the contracted positions maintained are an insurance against a new pregnancy. In the same way hysteria may be based on rage, the symptom often being a constant threat with which the action of some offender

is brought under control. A certain woman was very jealous of her husband and became enraged whenever he left her side for an evening with men of his acquaintance. Unusually severe attacks of hysterical nausea appeared, first as "punishment" for his neglect, and, later as a device which prevented his leaving her bedside. This is a type of reaction which is fairly common in married women against whom the relatives of the husband have an antagonism. Similar cases could readily be described.

Sex drives. — The relation of hysteria to sex tensions is occasionally very subtle. It is true that this emotion may give rise to hysterical movements and posture conditions which have a perfectly obvious sexual value for the individual; but more often it is difficult to see any reductive effect in the symptoms. One of these more obscure cases has been frequently cited in the literature. It is reported that a woman patient constantly made the movements and retained the working-position of a cobbler. According to the interpretation which has been given, her disorder had relation to the fact that she had at one time been engaged to marry a cobbler who deserted her. This explanation seems to be reasonable and the symptoms are probably ideo-motor phenomena,

the incidental results of a reductive process consisting essentially of sex phantasies. Thought processes which proceed from a condition of profound abstraction are known to be productive of such effects on conduct, particularly when the emotional drive is intense. Clenching of the fists is very commonly seen in persons who are reviewing some situation in which rage was violently aroused. That the same effect should be encountered in connection with frustrated sex tendencies is not surprising. It is rarer, but this is simply due to the fact that the inhibitions which operate in connection with sex are stronger and more completely effective.

Before dismissing the subject of the emotional drives involved in hysteria, it is important to comment briefly on instances of bi-emotional motivation. As has been previously pointed out, sex and fear drives are very likely to be simultaneously aroused by a single complex situation, and it is not uncommon to discover that the fear generates a symptom which controls the "temptation." For instance, unmarried women who face this conflict sometimes develop hysterical "safeguards." One young lady who has no organic defect is bedridden and her invalidism appears to be determined by the fact that she is fearful of responding to

the importunities of a man with whom she would inevitably be thrown in the course of normal life. Again, a man has difficulty in mounting stairs because he is unable to keep his legs sufficiently close together when he is climbing. In this patient there is a history of the sex practice of rubbing the thighs together as a form of masturbation.

In continuing this discussion of the characteristics of hysterical disorders, it is necessary to mention some traits which were not emphasized in the illustrative cases presented in the earlier pages of the present chapter. The omission now must be remedied.

Suggestibility. — A third universal quality of hysteria is its susceptibility to modification by suggestion. A number of the ablest psychiatrists take advantage of this by offering their patients the idea that their disabilities are showing improvement or are disappearing entirely. When skilfully applied, this inspirational technique sometimes yields excellent results, though it frequently fails. On the other hand, imprudent suggestions rarely fail to be effective. For example, an inexperienced physician told an hysterical patient that it was to be expected that her severe abdominal pains would be accompanied by nausea, and this feature was promptly added to the com-

bination of ailments which had to be treated. Very rarely a still more extraordinary effect can be produced. A man had been complaining of a partial paralysis of his left side but, when his doctor insisted that it was his right side which was affected, the transference across was made.

It is not difficult to see why a suggestion to the effect that a symptom is persisting or is becoming increasingly severe should be more effective than one which minimizes it. The symptom is an adjustment through which the individual secures some advantage; it is useful, and there is a decided resistance against its being relinquished. On the other hand, as an adjustment, it is likely to have greater effectiveness when it is more severe. Hence, the relative potency of suggestions of the two sorts. Also, and for the same reasons, one almost always has the impression that the hysteric does not make a serious effort to recover. The inspirational technique, above referred to, must not be simply a matter of favorable suggestion; it must motivate the individual to a greater striving to be well. This last matter will be discussed more completely when the question of therapeusis is taken up.

The fourth quality which marks typical hysteria is a definite relationship between the severity of

the symptom and the focus of the attention. The hysteric tends to be abnormally preoccupied with his disorder, but will react to distractions which are sufficiently strong. When this occurs, the ailment seems to lose some of its effectiveness. It has been observed that one woman who is afflicted with severe headaches will cease her moaning and talk quite composedly when the persons at her bedside begin an interesting conversation. But, if any reference is made to the fact that she is better, or if her attention is otherwise redirected to her pains, the moaning and complaints are renewed with increased vigor.

Fifthly, and finally, the presence of witnesses has an unfavorable effect on the individual who is displaying an hysterical attack. That is, the complaints and the distress of the patient seem to be more marked when persons are at hand. Often, when the attendant leaves the sick-room, the cries will somewhat subside. In the same way, those who have hysterical blindness will experience much less difficulty in moving about an unfamiliar room when they are unaware that they are under observation. This seems to suggest that a sympathetic attitude is one of the things which is "sought" in all of these cases.

This concludes an attempt at a general charac-

terization of hysteria. In the remainder of the chapter we shall have to consider two special problems: first, the factors in early training and experience which create a psychological predisposition to hysteria; and, second, the question of methods of treatment. Although the general subject of hysteria was introduced as a discussion of one of the common types of elaborate defense-reactions, what will be said after this point relates to hysteria of every sort of origin. The first matter to be taken up will be predisposition.

The genesis of hysterical tendencies. — It has already been pointed out that any hysterical manifestation is based on an emotional state and that the emotion, in turn, is a reaction to some situation by which the individual is confronted at the time. However, after the period of very early childhood, it is rare to find hysteria making its first appearance. In fact, in almost every completely analyzed case, it has been possible to show that previous to maturity there have been periods during which the phenomena were exhibited. Naturally, there have also been intervals in which no symptoms were present, but this simply means that the patient was not for the time under the particular form of emotional stress to which the disorder was attached.

It follows from what has just been said that when one speaks of a predisposition to hysteria he is referring to a tendency to that reaction created by the experiences of infancy. Stating the matter more fully — there has been an arousal of emotion in early life, trial-and-error behavior in numerous forms has occurred, and hysteria has been selected out as having the greatest reductive value under the prevailing circumstances. This is the fundamental *type* of process through which the innumerable varieties of personality traits are established. Therefore, for present purposes, it is sufficient merely to indicate the nature of the "prevailing circumstances" which create hysterical tendencies. The problem is not a difficult one, because it is easy to imagine the conditions in a household which might place a premium on illnesses and other disabilities.

A child slightly more than five years of age was instructed by her father to have her room in order by late afternoon. However, when supper-time came the task had not been completed and the angry father intimated that he was about to administer a whipping. While appropriate preparations were being made, the mother intervened, saying that the child had not been well all day and that it seemed imprudent to punish her. This idea

prevailed but it was suggested that dire results would follow a failure to do the cleaning on the following morning. As a matter of fact, when the father returned from his office on the second afternoon, he was met at the front steps by the child who had learned an adjustment to the danger of discipline. Grasping her head as if in severe pain, the child said, "I have not been so very well to-day. I have an awful headache." This, in spite of the fact that five minutes before she had been engaged in boisterous play. Of course, her duties had not been performed, and her mother intervened as usual.

From this simple beginning, the patient showed a gradual extension of the circumstances under which her hysteria functioned. Not only did a headache immediately develop whenever she was subjected to the slightest criticism, but still more complex symptoms began to insure the coöperation of her parents in anything which she desired. As nothing in the later years of childhood and adolescence operated to check the developing disorder, she reacted to her rather shrewish husband by becoming a virtual invalid. That her invalidism was hysterical could be demonstrated either by reference to her psychological history, or simply by subjecting the current reaction to study, ap-

plying the criteria by which hysterical forms of disabilities are diagnosed.

Imitation often has a rôle of importance in the genesis of hysteria and the child of an hysteric appears to be very likely to develop the same inferior adjustment. To what extent an hereditary factor is involved is not clear, but the process of imitation alone seems to offer a perfectly adequate explanation of the facts. In much the same way, traditions may produce like effects. With a certain family it has become traditional that all of the members inherit "The Jones Headaches." This belief has a strong suggestive effect and, if one of the Jones children faces a series of emotional experiences which give the family ailment the requisite "utility," hysteria almost always develops. Probably in no instance is the suggestion alone sufficient to create the disorder; there must be the utility in addition.

In the last comments an effort was being made to account for the "hysterical trial" in the trial-and-error behavior which is an invariable preliminary to the formation of hysteria as a component of personality. A young child may simply discover the advantages of illness from his experience with ordinary organic disorders and afterwards make a simulation of them; or, imitation and suggestion may be involved in the way indicated.

Child-training. — As far as hysterical tendencies in young children are concerned, it is impossible to separate the problems of ideal training and of treatment. It is almost inevitable that every child shall from time to time secure special advantages from minor discomforts and disabilities; and in this lies the possibility of the creation of a damaging trait of personality. To avoid this danger it is necessary to insure that sickness is not rewarded — that the child does not escape obligations or secure benefits of any sort. It is, therefore, generally regarded as prudent to confine the child to its bed when it complains of sickness. The boredom of such a limitation of activity reduces any positive value which may be present. Punishment in the ordinary sense has strictly to be avoided, since it may result in a concealment of disorders which should be given attention. In short, common sense and vigilance must be exercised.

The sacrifice of ordinary privileges during periods of sickness is sometimes not sufficient to control a developing hysteria. Under such conditions, some equivalent of the technique now to be described is in order.

Bruce (24) reports that a small boy had injured his arm in falling from a wagon, and the doctor who was consulted advised applications of

witch-hazel. This treatment did not seem adequate to the patient's mother, who openly hinted that the diagnosis was wrong, and she bandaged the arm. After a number of days during which entirely too much attention was given to the injury, the boy began to complain of a stiffness in his elbow and this was reported as a " paralysis." Fortunately, however, the physician had seen the child at play on the streets and the supposedly paralyzed member had been in full use. Accordingly, an office visit was arranged and light, yet painful, electric shocks were applied. At the conclusion of this, the physician suggested that the same treatment, with stronger shocks, would be given next time. This proved unnecessary because the symptom disappeared.

Among the positive measures which can be employed with younger children is the glorification of health. If the parents systematically say that they are proud of the fact that their child is well and strong and if they place a premium on hygiene habits and outdoor exercise, the effect is apt to be excellent. On the other hand, comments and handling of the reverse sort are contra-indicated.

Treatment. — A discussion of the treatment of the more severe forms of hysteria encountered in adults is beyond the range of interest in this

text. The therapeusis of milder types of the disorder will be briefly outlined with little resort to illustrative material. One typical case will later be presented in Chapter XIII in connection with a study of the general principles involved in treating personality disorders. For present purposes, a few comments only are appropriate. What will be said applies to mature persons who are capable of doing reasonably well in an average environment.

Hysteria, it will be recalled, is an adjustment or reaction to an emotional situation. It follows that, if the situation is removed by intention or is very temporary, we may expect that the disorder will disappear for want of the effective stimulus. Hollingworth (25) has been able to show with abundant evidence that the announcement of the Armistice at the end of the recent war was followed by a decided improvement in the condition of hysterical soldiers. While there was a small percentage who did not recover, their failure to do so is understandable. Individuals with good *insight* would have to *justify* a disorder which had kept them from military service and they could not become fit immediately after the passing of the emergency.

It is sometimes possible for a psychiatrist so

to arrange a patient's life that the stimulus to hysteria is no longer present, and this may have a favorable effect. For instance, a woman whose symptoms were related merely to a pronounced fear of pregnancy was advised to seek a divorce and refrain from marrying again. A man who was reacting to excessive domination on the part of his parents was advised to break away and begin to establish his independence by maintaining himself in a boarding-house. Possibilities of this sort are innumerable.

It should not be supposed that the psychiatrist who undertakes to treat a case of hysteria concerns himself exclusively with measures intended to eliminate the situation to which the disorder is a reaction. In the first place, it is often impossible to modify the essential features of the patient's social and physical environment. For instance, no such an effect can be achieved in the case of a certain young girl of sixteen who has headaches which protect her from the necessity of competing socially with her more charming and beautiful sisters. Certainly, it is not feasible to remove her from the home nor is there any obvious way in which the contrast can be eliminated. It is clearly indicated that the nature of the reaction, itself, must be altered.

In the second place, therapeusis by "elimination of situation" falls short of true treatment. It leaves the individual with a tendency which persists, and the hysteria will probably be rearoused in the new situation. The disorder must be given appropriate attention, not as a passing reaction to a single special circumstance, but as a tendency related firmly to a whole class of circumstances. The reference is to an elementary psychological principle presented in the early pages of this book. When an individual has formed a habit — such as hysteria — he has usually established more than a simple response to a particular situation. He has created a general form of reaction to all situations which have certain features in common. For example, the form of a patient's conduct may have had its origin in persecution by his older brothers. However, almost identical behavior will be elicited by bullying wherever encountered. One might suppose that this "spread" of the range of effective stimuli might apply equally in the case of treatment, but the facts are otherwise. We may succeed in causing the patient to react with confidence to his brothers, but still have him relatively timid with other persecutors.

The first measure in sound treatment of hys-

teria is palliative. It consists in discovering what causal situations are operating *at the time*, and in teaching the patient an entirely new mode of reacting to them. That is, the hysteria must be replaced by a superior sort of adjustment. Therefore, if one discovers that a girl is having headaches which are proceeding from an inferiority complex and are due ultimately to the fact that she hasn't the social qualities of her sisters, it is relatively easy to have her select another field of competition in which she can excel. A "substitute" for the hysteria can be found in the form of activity along the lines of the new interest. The greatest difficulty here is the arousal of sufficient motivation for the relinquishment of the hysterical adjustment and the starting of a new one. Often the only basis is in a desire to please the physician, but the development of some stronger drive is frequently desirable.

Since a current hysterical manifestation is merely the expression of a tendency elicitable by many different situations, the second step in good therapeutic technique is a systematic retraining. The patient is made to understand the nature of his disorder and is taught to meet all emotional emergencies in some other way. A naïve, but decidedly modern, illustration can be found. A

national advertiser intimates that social charm can be acquired by reading certain books for a few minutes every day. If this claim be true, many hysterics whose difficulty lies in the inadequacy of their performance in company can quickly retrain themselves in the way suggested.

The treatment of the more severe forms of hysteria is often complicated by the fact that the symptoms have first arisen from traumatic experiences followed by repression. Under such circumstances the customary procedure is followed. The inhibited thought processes are recovered so that the complex may disintegrate. When this has been accomplished, the palliative and retraining measures are employed. In Chapter XIII an instance of the sort is cited.

A final question. — The concluding subject of the present chapter is the question whether hysteria is an unintentional device or whether it represents a process of malingering. It can be said immediately that the evidence is not conclusive and it is, therefore, possible that either basis may be present. On the one hand is a divinity student who had a violent attack of " epilepsy " and later confessed that he merely wanted to attract some

attention. On the other is the fact that certain supposedly hysterical contractures do not relax during sleep. These points seem fairly to represent the sorts of data which are brought forward to substantiate one or the other view.

CHAPTER XII

THE TREATMENT OF INFERIORITY COMPLEXES

The evaluation of adjustments. — Whenever it becomes necessary to decide whether a particular personality trait justifies treatment, an effort is made to determine to what extent the trait in question interferes with the social value of the individual's conduct. However, since such a vague criterion is very difficult to apply, it has become customary to consider three questions — Does the tendency seriously interfere with maintenance activities, reducing productivity? Does it influence unfavorably the efficiency of constant associates? Does it create a necessity for unusual supervision, constant direction, and advice? If all of these questions receive a negative answer, treatment is by no means indicated.

In the light of the foregoing considerations it is evident that an inferiority complex may produce, though perhaps rarely, a superior form of adjustment. The fear component is a *drive* and, if the reductive activities chance to have a social value,

the individual may achieve a very high-level social performance. It is true that such an effect is seldom achieved by hysterics and by those who react with delusions, but the peculiar abilities type of defense reaction *may* be of considerable value. Especially in the field of literature, those who are socially timid attain the greatest success. Their motivation is high, the dignity of their professional calling is their psychological salvation, and the combination is an excellent one. They sustain such a limited social contact that they can scarcely interfere with others, being resistive toward advice and assistance of any sort.

One should not lose sight of the fact that it is extremely difficult to give treatment in cases of "peculiar abilities." As previously explained, an essential feature of the reaction is a contempt for others and their opinions. The psychologist, therefore, cannot hope to have his therapeutic methods treated with the necessary consideration and any attempt to be of service usually comes to naught.

Difficult cases. — Sufficient has already been said to indicate clearly how very small a measure of success is likely to follow the treatment of the firmly established inferiority complexes of adults. In hysteria the only adequate technique

is elaborate and difficult to apply. Delusional forms of defense reactions do not yield readily to the best modern methods of treatment. The same thing is just as true of retreats from reality and of peculiar abilities. Thus the problem resolves itself largely into the matter of controlling inferiority complexes during childhood at the time when they are first making their appearance and before one of the special forms of defense has become definitely set. At such a period the child can be plunged back into trial-and-error and it is possible to foster the prompt development of some superior form of defense reaction. For instance, with talented children it is relatively easy to bring about a "peculiar abilities" adjustment, the essential rationalizations being permitted to develop spontaneously. Such steps are necessary if there is to be no attempt to eliminate the basal timidity itself. On the other hand, a generally preferred alternative consists in rendering the child's social relationships so nearly normal that the complex completely subsides. The best methods of securing this latter effect constitute the primary interest of the present chapter.

It is necessary at this point to recall to mind the conditions under which the typical inferiority complex develops. The process, it will be remem-

bered, begins with the attachment of fear to displays of disapproval, this effect being traceable in most cases to severe parental discipline and censure. In the second place, if the same line of development is going to continue, the child must possess certain characteristics, commonly physical inferiorities, which serve to arouse an unfavorable attitude on the part of associates. The response to this situation is fear and ideas of personal deficiency, with defense reactions beginning to appear after a short interval.

The treatment of inferiority reactions in children. — Certainly the most fundamental feature of such an emotional tendency is the fear state which is attached to social disapproval and the obvious treatment would be the use of some method to bring about a detachment. In this case, however, the obvious measure is not the prudent one. While it is possible to make even the most sensitive child quite unafraid of a disapproval of his actions, the disapproval itself is a potential source of maladjustment. If a child's associates do not like him, they will avoid him, and he will be bereft of the advantages which accrue from wide social contact. It is for this reason that the use of the simple detachment technique is not sufficient. It does not create an adequate social situation.

The importance of social contact. — Since the question of the value of social intercourse has arisen, it appears worthwhile to interrupt the present discussion long enough to indicate the chief classes of advantages which are entailed. The assumption is generally made that such advantages exist, but it has not been customary to describe them.

1. Success in almost every line of vocational endeavor depends upon an ability to make a favorable impression on possible clients or customers. While this fact is most clearly seen in salesmen, it applies with no less force to physicians and lawyers. It could probably be agreed that, in most professions, the economic importance of the factor of personal charm is greater than technical skill and almost on a par with reputation. It is only with writers, artists, and other " solitary " workers that social skill plays a small rôle. One is tempted to stress it even here.

Personal charm is, in part, a function of appearance and dress but neither of these is so significant as habits of speech and conduct. The latter are acquisitions which can only be got from social experience and this, in turn, depends upon social contact. Such is the first advantage of an active social life.

2. There are two things which seem to suggest that at least a minimum of intimacy with others is essential to normality. Deterioration of behavior is almost universally found in prisoners who are subjected to solitary confinement and in missionaries who live for long periods in the outlying districts of foreign fields. The prison psychosis, and its equivalent in religious workers, is not a special form of conduct disorder but is any variety of insanity to which the particular individual is disposed. The lack of normal intimacies seems to act as a precipitating situation. However, the development of delusions is perhaps the most common symptom for the whole group. This seems to suggest that social contact is a stabilizing, if not a corrective force.

In passing it may be noted that the "transfer" student offers something of a problem to the psychiatric worker in many of the country's college communities. In one very large university the student who enters in junior or senior year finds that the existing social groups are extremely stable and there is little tendency to display interest in newcomers. One must surrender his dignity if he wishes to force his way into desirable friendships. The result of the situation is serious. Of three men who became violently insane in the

course of one university year all were transfer students and it could be shown that each of them had been unable to find friends. In this we have an exact parallel for typical prison psychoses.

In those who intentionally limit the number of their acquaintances, interesting forms of rationalizations are frequently found. There is usually a speech formula which is regularly repeated. Either they say " There is no one here with whom an intelligent man would be willing to associate," or they aver that they will meet anyone half-way but that they are not the sort to go running around after people. In either case the formula is part of a psychological process which determines that there will be no effort at attractiveness, and those who wish to become acquainted with them are compelled to overcome a tremendous reserve.

3. The third great value of social contact is found in its relation to proper recreation. In Chapter V there is a discussion of balancing factors and an attempt was made to reveal the necessity for organized interests through which a correction for staleness and a reduction of tensions might be secured. Now it is clear that the best balancing factors are those which involve association with others. Especially effective are the various forms of competitive athletics which in-

sure proper physical condition as well as more efficient behavior.

With the advantages of social contact in mind, the way is prepared for the examination of a case in which the proper method of treating inferiority complexes is illustrated.

The case of Snygo. — When Snygo first attracted the attention of a clinical psychologist, he was standing just inside the main entrance of a school building looking out upon the playground. He was timidly watching a game of football and as the boy-players drew near he shrank back into a shadow, emerging again only when the play had passed to a distant part of the yard. Finally, he summoned his courage, dashed down the steps, then through the gate, and was still running when he disappeared from sight two blocks away.

Snygo's timidity was not a passing psychological condition. His conduct upon all occasions had the same mark upon it. In classroom, when he was called upon to recite, he stood abashed, stammering and nervously wincing when the other pupils laughed at him and whispered. At recess he remained always in the general assembly room where he might have, and frequently required, the protection of one of the masters. He was abused at every opportunity and was a

constant object of ridicule and uncomplimentary invective. His coming on the school grounds at the noon hour would have been the signal for a minor atrocity.

An interview with the boy served to bring out the rest of the picture of an inferiority complex in the primary stage of its development. He complained that he could not make the other boys leave him alone and he sadly said that he had never been a regular person. "I can't fight and I can't play any games." A clearer statement of the presence of ideas of personal inferiority is rarely heard. For a complete understanding of the nature of the reaction, it was only necessary to identify the characteristics, or defects, which formed the occasion for the persecution to which he was subjected. Snygo was frail and was incompetent in athletics. He had an adult manner of speech and conduct which had resulted from too much contact with his parents. And, finally, his scholarship was so nearly perfect that he was held up as a sort of model to all of his less serious-minded fellows. All of these qualities were, of course, sources of violent irritation.

As soon as treatment had been decided upon, three courses were open. First, it was necessary to decide whether an attempt should be made to

force a peculiar abilities adjustment. A group of psychological tests of special aptitudes were accordingly applied as a basis for making a decision. While it was found that Snygo had superior intelligence, he failed to reveal more than an average talent at writing and music, and no other suitable artistic opportunity was open to him. The peculiar abilities plan was therefore rejected.

The second possibility which had to be considered was that of eliminating the qualities which were responsible for the mistreatment. Although it is undoubtedly true that the inferiority process would have collapsed if the irritating traits were removed, it was felt that under the existing circumstances too much delay would be entailed. Frailness, for instance, is difficult to overcome and, during the interval, the complex would gradually become more firmly set.

All things considered, it seemed best to undertake to develop compensating "qualities of prestige," some special skills, which might insure the respect of the tormentors. The situation was favorable to the accomplishment of this effect, and it was easily brought about. Reference has already been made to the fact that the pupils of the school were especially interested in athletics, and it happened that the psychologist in the case

was acting as coach for the football teams. Snygo was therefore to be made a star in this sport as a certain step toward prestige.

It is quite unnecessary to review here the boy's training in football. He was taught the fundamentals of quarterback play with emphasis placed on strategy. The diagnosis of systems of defense was mastered so that proper methods of attack might be applied. At forward passing Snygo made considerable progress, since his drive was so intense that he would practice by the hour. Within a period of a few weeks he had become able to toss the ball so that it would reach the receiver at short distances.

Snygo's great day came when he was sent into a game in the last few minutes of play and succeeded in making the one play which brought victory to his school. It did not escape the notice of the student body that he had been called on in emergency and that the confidence put in him was rewarded. Immediately his relation to his fellows became firmer, and gradually he was able to learn the types of conduct and speech which are esteemed by young boys.

Special considerations. — In using the technique which has just been illustrated, there are several points at which the amateur psychologist might

well go astray. To obviate this danger, a list of the more important features of the method are discussed in detail and, if proper attention is given to them, success is largely insured. Naturally, it is not possible to anticipate all of the varieties of unusual circumstances which may have to be taken into consideration.

1. In selecting the type of skill which is to be developed, it is of primary importance to choose an activity which will be a source of prestige among the child's *associates*. In general, athletic ability of any sort is reacted to favorably but, under some conditions, performances of a different type may win esteem. A non-athletic dexterity must invariably be resorted to if the patient is too frail for ordinary games. One twelve-year-old youngster was not in good standing with the other members of his Boy Scout troop. After painstaking training by his scoutmaster, he was able to win a state championship in rope-tying with good results. Similar possibilities will occur to anyone who is ingenious. However, it is always essential to make certain beforehand that the skill selected will be appreciated. Absolute assurance of this can only be gotten through a thorough investigation.

In the case of girl patients, the problem is considerably more difficult. However, any group of

children of this sex are likely to have special interests, and full advantage must be taken of such as exist. For instance, the teacher of a class of girls in the fifth grade found that her pupils were very fond of camping trips and showed a keen desire to master campcraft. One of the members of her class who had a very severe inferiority complex was taught to cook skillfully and in this found a source of remarkable prestige.

The chief danger in the use of this method consists in the tendency of selecting some skill which is highly valued by older persons, but which has a poor rating with those to whom the patient is attempting to make an adjustment. For this reason, the anxious father who instructed his son in the art of fencing made a great blunder. Ability of this sort does not command the respect of the average normal American boy and the time spent was simply wasted. So often the parents of a timid boy will take advantage of his reluctance to seek companions and will insist upon improved scholarship. Of course, no information that can be gotten from textbooks is half so valuable as a good social technique and extended study is not accomplishing this better end. In fact, the confinement in the household is making impossible development along social lines.

2. It is important that no child who is being

trained to any skill should be forced to make a display of it before he is perfectly competent. Failure at the critical moment is likely to bring disaster. Snygo was not called upon to play during an entire game of football. He was called upon merely to complete a single play for which he had been carefully prepared by hours of practice. The person who is trying to give assistance may find that it takes two years to make up for a false move in this direction. The remotest possibility of a failure should be avoided.

3. All timid boys should be instructed in the art of boxing and should be urged, even forced, to defend themselves against all aggression. Very little danger is involved in this for, when a boy has demonstrated an ability, or even shows a desire, to hold his own against those of his own height and weight, the older youths of schoolyard and playground protect him from bullies.

4. During the period when prestige, or asset, qualities are being developed, it is necessary to begin to eliminate any physical defect which may be in operation.

5. There is one final point of importance which must not be overlooked: Any child who has been successfully treated for an attitude of inferiority is likely to reveal a persisting dependence upon

the psychologist. Such a relation is hardly to be preferred to the original disorder, for the patient may show an unwillingness to take any step without being counseled and reassured by his adviser. One unskillfully handled youth could not do so simple a thing as purchase a shirt without a preliminary conference. Obviously such dependence is undesirable, and accordingly, after the treatment of an inferiority complex has been completed, a normal self-reliance must be cultivated.

Freud (26) has intimated that the relation of dependence which develops between a psychiatric worker and his patient is of a sexual character. That this may be true in some cases is not subject to question but, in most instances, not even the involuntary features of an erotic response are demonstrated. It seems more likely that the phenomenon is usually a mere fixation, a positive reaction tendency (27), established in connection with the reduction of the emotional tension involved in the disorder which has been treated. A precise parallel is found in the positive reactions made to food which are explained by reference to the relation of food to the reduction of hunger states. The physician is also a reducing agent in eliminating the tension of an emotional disorder.

Conclusions. — This completes a discussion of

the methods of treatment which are indicated in the cases of children who are beginning to develop inferiority complexes. The creation of asset qualities is rightly thought of as the only technique which brings about a true "cure." In establishing a peculiar abilities adjustment the drive of the inferiority complex is allowed to remain in a functioning condition, but a socially valuable defense reaction is created for it. There is a certain small amount of truth in the common statement that the world's work is done by people who have an ambition that is derived from an inferiority complex.

CHAPTER XIII

THE GENERAL PRINCIPLES OF TREATMENT

In summarizing the results of the foregoing study of human personality, several facts of primary importance can be pointed out. —

The fundamental nature of emotional disorders. — *Serious difficulties of adjustment always date from fear-arousing experiences which are reacted to in inadequate ways. Whereas such emotional emergencies should be met with constructive and informed thinking, many persons fail to do so. They substitute some other process of an inferior sort which precludes assimilation and leaves an enduring or recurrent emotional state. Among the substitutes which function in a disabling way are: repression, rationalization, phantasy-formation, and hysterical symptoms. The implication of the facts is that children should be trained to meet emergencies frankly and that patients should be retrained along the same lines. Other features of training and retraining are quite incidental to this major matter.*

The remainder of this brief chapter is devoted to a description of the methods which were actually employed in the treatment of a severe case of habit disorder. The discussion is not intended to present a pattern for guidance, because every maladjustment is unique in certain respects and the technique which is employed must be suitable to the conditions which prevail. However, it is hoped that a study of the methods employed in this instance will reveal the complexity of the problem of therapeusis.

A complex reaction. — A young woman of twenty visited a psychological clinic seeking treatment for severe pains in her chest. She had previously visited many physicians who had been unable to help her and she had become very much depressed because she had always been informed that her tissues were in excellent condition and that her discomfort was "imagination."

The psychologist was impressed by the hysteria-like form of the disorder and, therefore, immediately began to apply the criteria by which reactions of this sort are distinguished. He already had the information that the medical findings were negative, and he undertook to determine whether "suggestibility" was in evidence. With this intention, he made the statement that the

present disorder was a common one in his experience, and that he had always found that at least temporary relief was experienced from drinking a glass of water very slowly. This experiment was promptly tried with the result that the patient confessed to some benefit. After a few minutes, however, the young woman began to press the affected area with her fingers, meanwhile breathing in a very strained way, and she then complained that her pain had returned to its usual severity.

The remainder of the first interview was devoted to the encouragement of the patient and to the establishment of rapport. During the general conversation used for these purposes there was very little evidence of the presence of the chest symptom except that, with every reference to it, there was a repetition of the violent pressing and breathing. In every case, complaints of discomfort followed until distractions again intervened.

At the second conference, the patient was requested to relate the history of the disorder from which she was suffering and it was quickly possible to conclude that no process of repression was in operation. The story was told in a perfectly straightforward way and without hesitation.

It appears that several months previously the patient had fallen from a horizontal bar in a gymnasium and had struck her chest on the sharp edge of a piece of wood lying on the floor. A hurried trip home in a taxicab followed and she was received by her family with violent expressions of alarm. At any rate, she was put to bed and kept there for a period of three weeks during which the discoloration of the bruise gradually began to fade. At this point, the doctor declared that she was able to return to the shop at which she had been employed. The pains, however, persisted so that systematic work was impossible, and a tour of doctors' offices started. Finally, she accepted an invitation to visit her brother at New Haven and was taken by him to the psychological clinic.

The data which has been presented up to this point all seem to suggest that the disorder represents a form of hysteria. The fact that it made its first appearance at the time of a definite injury by no means indicates that it was maintained by an organic condition. Hysterical symptoms in soldiers regularly develop after a trifling wound has been received. The wound permits the afflicted individual to experience the benefits

of incapacity for service and a hysterical process lengthens the interval before recovery. In view of this, we are led to suspect that the present patient is securing some advantage from the pains in her chest. Therefore, the next step in treatment is the identification of the situation to which she is reacting so inadequately.

In connection with a discussion of the conditions which had prevailed in her home after the injury, the patient made the statement that her father's attitude toward her had become much more gentle. For a year or more before the accident he had been extremely harsh, as she thought, and had required a great deal of her. Although he was an able-bodied civil engineer, he had not been able to to find employment and the support of the family had fallen on the shoulders of the two daughters. Consequently, the patient had worked time and over-time, remaining at her machine until nine o'clock almost every night in the week. She further complained that her father had not let any of her friends come to the house for months, feeling that her strength must be conserved for her work hours. All of this had changed after the injury; her visitors were numerous and her father and mother were most interested in her happiness.

Analysis of the reaction. —Some of the more superficial features of the case are now sufficiently clear to permit of a preliminary analysis of the reaction. Whenever the patient contemplates the possibility of a return of the distasteful conditions of her ordinary life, she reacts by pressing her fingers against her chest and by strained breathing. These habits serve to create an organic condition which supplies stimulation to pain spots. And, as a result of the frequent recurrence of the "attacks," the threatening danger is averted. Incidentally, it may be pointed out that a fear tension is reduced.

The next step in treatment consisted in explaining to the patient the nature of the process which she was exhibiting, and she was encouraged strictly to refrain from the actions which led to her discomfort. Her efforts in this direction were successful, but it is not clear whether her success was due to the encouragement, or to the fact that she was so far from the scene of her difficulty. At any rate, in a few days she returned to the clinic with the statement that she was well but did not wish immediately to return home. Her optimism proved to be unjustified. The next morning she returned with her old symptoms in full operation and it was found that she was in a new difficulty.

She had discovered overnight that she was in love with a local young man, and the following morning she was informed by her brother that her stay was becoming too much of a financial burden and that she must return to the home of her parents. The renewal of the hysterical symptoms made it impossible for her to travel, and she was thus able to remain near the man of her choice.

Systematic retraining. — Hysteria is more than a reaction to a single specific situation; it is a *tendency* of a personality and it appears whenever it will serve as an adjustment. In the present case, there is evidence that hysterical symptoms had appeared from early infancy. There was a manifest need for systematic retraining. A start in this was made forthwith.

First, there was a long discussion of the necessity of meeting every life-difficulty with constructive thinking, and the force of this was shown by pointing out incident after incident in the patient's history when serious consequences had followed a hasty resort to hysteria. Furthermore, the proper adjustment to each of these situations was determined in detail with the burden of the thinking placed on the young woman herself. Only then began a discussion of the current problem: the impoverished social life, the long hours

of work, and the threatening necessity of having to leave her lover.

As a possible solution, it was suggested that she never return to her former home, but establish herself in independence in one of the local shops in which she had been offered a good position. This idea was not accepted immediately, for the patient had to be made to realize the nature of the rights of a young woman of twenty who had been imposed upon by an indolent father. As soon as this moral obstruction had been removed, the whole plan was acted upon. With but occasional assistance in minor problems, the patient has maintained a satisfactory adjustment for several years.

A criticism of clinical methods. — In concluding this discussion of the general principles of treatment, it is necessary to make a criticism of current clinical practice. There is a tendency to feel that all forms of personality disorders must represent the functioning of a single type of psychological process. For instance, with some of the Freudians it is insisted that there is no disorder without a sexual fixation on one of the parents. A greater measure of success opens to those who are well acquainted with the numerous processes which may function disadvantageously.

There are specific conditions under which these effects occur and there are definite modes of retraining. It is particularly unfortunate to be under a bias which comes from a theory which does violence to principles established in thorough psychological experiments.

CHAPTER XIV

ILLUSTRATIVE MATERIAL

The " cases " which are presented in the pages following illustrate the types of data from which the theories and the techniques of the psychology of personality must be developed at present. It is evident to any trained scientist that clinical observation is not a thoroughly adequate means of securing accurate knowledge. At the same time, until a much larger number of personality phenomena are subjected to laboratory investigation, clinical materials will have to suffice.

The studies of Watson and Rayner (7) and Jones (11) represent models of experiment in the field of minor emotional disorders and their treatment.

No principle of selection has been employed in assembling the cases which follow. While some of them illustrate interesting principles, the primary purpose has been to indicate the sorts of data which must be assembled for future progress.

Case 1. *Showing incomplete, but partly successful treatment of disturbing dreams.*

While a senior at college, Gertrude Blank was suddenly confronted with the problem of violently disordered dreams. In some instances the intensity of her reaction was so great that she would awaken into states of abject terror. She was quite unable to discover any reason for the occurrence of these morbid processes and became somewhat alarmed about them. Not only did she dread the time for going to bed, but she was also concerned about the profound fatigue states which followed each dream.

Upon the advice of her room-mate, she disclosed the nature of her difficulty to Dr. S., a member of the staff of the local department of psychology. After some investigation, made in an attempt to get at the source of the disturbance, Dr. S. told his patient that recurrent dreams of the sort mean either a run-down physical condition or a state of worry. He told her, however, that he had a unique theory as to a method by which a person could get rid of such dreams, regardless of their causes, and he asked permission to make a test of the technique with her.

He instructed her, upon retiring, to lie quietly and recount to herself in a monotonous, disinterested fashion everything which had transpired during that particular day. She was to repeat

systematically an hour-by-hour history of all events of minor as well as major interest.

By the time a week had elapsed, Gertrude's dreams had ceased being so intense, and such as occurred involved but slight emotion.

N. B. There is every reason to believe that the technique employed in this case should be supplemented by other methods. It is often desirable to give immediate relief, but relief is not a permanent "cure." The fact that the patient continued to dream indicates the existence of a complex, probably involving repression, which needs to be treated by psychological catharsis and reassurance.

Data supplied by E. T.

Case 2. *Showing emotional depression productive of a digestive disorder. Inspirational type of treatment.*

A wealthy young woman in a certain western town married a physician and a little daughter was born into the home. Soon the child had become the very idol of her parents but, during her second summer, she was stricken with cholera infantum and died.

Previous to this sorrow the mother had been in perfect health but she grew ill immediately fol-

lowing the death of her baby. Her symptoms were those of a serious stomach trouble and she developed a strong aversion to most foods, especially milk, fruits, and vegetables. She was positive that she could not take these foods and, when doctors insisted upon including them in her diet, she would be violently nauseated.

Ten years elapsed between the beginning and the end of her illness. She was carried, at her request, to at least a dozen different reputable hospitals of the country. She was treated for ulcerated stomach, cancerous conditions, sagging of the stomach walls, nervous indigestion, pellegra, and tuberculosis. For a time her condition would seem to improve. Then a relapse would set in, followed by depression and lack of confidence in her physician.

One day she read in a magazine of the splendid success of a psychiatrist and immediately wanted to see what he could do for her. After her recovery, which was accomplished in less than three months, she described her treatment as follows: —

" He inquired of me concerning everything that I had ever done from childhood up to the beginning of my illness. Among other things, he asked when different foods had begun to disagree with me. Finding that the whole difficulty had arisen

after my baby's death, he said nothing more about my life-history. I was told that it lay within my power to get well, if I wished to and if I was willing to follow his advice. I promised to follow his guidance.

"He first prescribed small quantities of orange juice and rich milk at frequent intervals. I said that I could not do this, but he assured me that I could — in small amounts — and I did it with little discomfort.

"Every visit to him was a benediction. He told me of my great opportunities for service; he made me see what a burden I had been to my family all through the years. He just made my life all over for me and I wanted to live and get well. I became interested in so many things and, before I knew it, I was eating three meals a day and not thinking about it. I had already learned to work again, and was rapidly increasing in weight. It was all so wonderful!"

At the end of three months she returned to her home, a normal woman looking almost as young as when she was taken ill. She has taken up her home, church, and social activities and is a valuable member of society.

N. B. Although it is maintained by some clinical psychologists that every disorder has its origin in

some traumatic experience which has been followed by repression, the present case indicates that a simple depression may be successfully treated by inspiration alone. No attempt at a "detachment" of an emotional reaction was attempted.

Data supplied by E. C.

Case 3. *Showing compensatory phantasies of old age, with pathological lying.*

Mrs. A., a woman approaching sixty years of age, lives alone in a furnished bedroom. She is of rather pleasing appearance, her face free from lines and her white hair arranged in a pleasing fashion. Her tastes in general are those of a very much younger person, especially in her choice of recreations which are such as reading light romances while munching chocolates. She cares very little for persons of her own age, but revels in the company of young girls whom she attracts with promises of introductions to fascinating men.

Life for Mrs. A. is lonely and humdrum — very far removed from her ideal of an existence in which she would be the center of a large group of amusing people. She sees herself unable to hold her young friends with the recital of incidents from her drab day, for from that source she cannot match

the accounts of the simplest sort of adventure. As a defense against her feeling of inferiority, she has developed a tendency toward elaborate fabrication, pseudo-reminiscences. She spent her youth, not in Brooklyn, but in a rambling old southern homestead, adored by her mammy, and later she graduated from a fashionable school. So her story goes. Her husband, she says, was a dashing, reckless man; and her two sons (whose existence she seeks to establish by photographs) both met violent deaths. She tells of scars on her ankles which are relics of her war experiences when she was serving, ostensibly as a nurse, but actually as an agent for the Intelligence Department. Her love affairs were numerous but sub-rosa, and included one with a wealthy man who died leaving her a fortune which she will receive when the estate is settled. She promises that the young friends who stand by her will have a de luxe trip to Europe with all expenses paid.

Her few remaining friends are not deceived by by Mrs. A.'s stories and are beginning to neglect her. The more kindly ones sometimes call to find her in depression.

In a social world which reacts to her with indifference she has set up a very elaborate defense. When this fails, she faces her old age, losing her

customary cheerfulness and becoming extremely apprehensive about the future.

Data supplied by D. T.

Case 4. *Showing the effect of unassimilated experience. Inhibition about seeking assistance.*

When Sylvia, an attractive normal child of ten, suddenly showed a distaste for any kind of physical exercise, her mother became anxious. The child would sit for hours, either sewing or reading, activities for which she had previously shown little liking. When questioned about her failure to go to the play-park as usual, the child made evasive answers, and the mother threatened to send for a doctor. At this suggestion Sylvia became very excited and ran out to play.

The child developed an irritating manner after this, so that her friends became resentful and would not play with her. In this way, she avoided games as effectively as by sitting at home.

One day the nurse of Sylvia's school came to visit the girl's mother. When she asked whether Sylvia had yet seen a doctor, the mother was surprised. Sylvia, upon being called in, burst into tears and confessed her story.

She had been examined by the school physician. On leaving the dispensary, she was given a note

which she opened as soon as opportunity offered. To her consternation she found that her mother was advised to seek medical advice about the rapidity of her heart-beat. A friend, slightly older, alarmed her still more by telling her about a child who had died from playing games when her heart was weak. Sylvia was afraid of doctors and concealed her fear of death, but took some measures to postpone it, as related above.

Diseased tonsils were the root of the heart trouble.

N. B. This case suggests that school physicians must exercise great care in communicating with parents.

Case 5. *Showing the effect of unassimilated experience. Inhibition about seeking advice and assistance.*

During Edna's childhood she lived in an apartment house owned by a rough German who was especially intolerant of childish pranks. Edna finally did something to annoy the irate gentleman. Promptly the German threatened, "If you ever do that again, I'll cut off your ears," flourishing a pair of enormous shears and holding them close to Edna's head. The child was thoughtless, and before long had repeated the prank that had

given anger. Then, with sudden fear, she recalled the threat and really believed her ears were in danger.

Two ideas had been firmly planted in Edna's seven-year-old mind and they complicated her situation. She had been taught the importance of confession in connection with which instruction she had had a clinching process, the year before, in that she had been sent back to school to face punishment for a lie. She had also been reared on the theory of consequences and of the infallibility of the spoken word of elders. Accordingly, she went immediately to the German to ask when her ears would be cut off. "At six o'clock," he replied. "I'll come get you later." This, with a flourish of the shears.

Had Edna's mother been at home, catastrophe might have been avoided. But, the child was alone for an hour in abject terror. When the mother returned, the little girl was in a state of uncontrollable crying which would not yield to reassurances of safety. The reply was, "He said he would cut them off and he will." Upon the father's return from work the German was brought in to say that he hadn't meant what he had said. This did not help matters, because of the violence of the reaction to his coming into the room. A doc-

tor had to be summoned to administer a sedative.

The state of acute anxiety persisted for several days, but the more persistent effect of the trauma was an enduring suspiciousness about the veracity of statements and a fear of men of florid countenance.

The technique of treatment which was used consisted of gradually making the child accustomed to the stimuli to which fear was attached. First, the matter of the cutting of her ears. Edna's father wrote a series of stories about "Little-Girl Earless" who went through the most exciting adventures, finding at last a field of ears growing in the ground. An artist friend of the family drew amusing pictures for illustration and a sister contributed rhymes. Through these the patient learned to laugh about her fears. Next, the child's mother undertook to interest her in the seamstress art with the incentive of making doll clothes. Thus she learned to touch and use shears.

Finally, one day, the child had occasion to return to the German the big shears which her mother had borrowed. Haltingly the child said, "These are good shears, but they are not sharp enough to cut off my ears." Her cure was complete.

N. B. It is clear that the detachment technique employed in this case would not have been effective if a repression process had set in.

Data supplied by J. L. M.

Case 6. *Showing a traumatic experience in an elderly man with no assimilation. Favorable effect of reassurance.*

The patient, a very successful business man about fifty years old, developed a fear of sudden death. While actively engaged at his office, he was comparatively free of emotion, but when he returned to his home and thought of the long hours of the night, his fear was overpowering.

In order to postpone the time of retiring to his bed, he performed a long and complicated ritual of undressing. Also, if he did not arrange his clothes in a certain manner, he had an uneasy feeling that something terrible might happen in the night.

He had obsessive ideas about numbers. Three had always been unlucky for him. He took note of the numbers on motor cars and trolleys and if he saw a "3" or a "13" he would feel very uneasy. In the same way, in arranging his watch or purse on his dressing-table, he supposed that it was unlucky to touch either of these objects three

times. To avoid this, he would touch them eighteen times.

He had grown uneasy about sounds in the house, thinking that burglars might be around. Accordingly, he would move about trying the fastenings on each door and window. When he had locked the front door and had started upstairs, he would become uncertain as to whether the key had been turned or not and would go back, only to repeat the process a few minutes later.

Within a month his condition had become more serious and it began to take the greater part of an hour to prepare for bed. His nightly ritual gradually became more complicated until it could not longer escape the attention of members of the family. He was persuaded to consult a psychiatrist.

It was found that the patient had repressed some pessimistic ideas about his physical condition, the repression being achieved with the distraction afforded by close attention to business and by complex rituals. The concern about numbers and burglars was nothing more than an emotional transference effect. An explanation of all the symptoms was revealed when a " recall " had been effected.

The patient had applied for additional life insurance. One morning later when he was not feeling well he received a letter from the insurance company telling of his rejection and giving as a reason "high blood-pressure." The patient supposed that his condition was such that sudden death might be expected. He did not seek further information, but simply repressed. The repression process was broken by the psychiatrist and reassurance was given. In short, the patient became able to assimilate the information which he had received from the insurance concern and he made a rapid recovery.

Data supplied by M. V. M.

Case 7. *Showing a defense reaction, involving seclusiveness. Religious activities as sublimation devices of the common "distraction type."*

A young woman married somewhat beneath her social position. Her husband was an only child with a "too much mother" situation, and he had not been taught to rely upon his own responsibility nor even to follow a gainful occupation. He was a sort of Rip Van Winkle and liked to hunt and fish, depending upon his parents and "in-laws" to provide for the needs of his family. He always wished

to have his wife go with him on his outings and live in his happy-go-lucky fashion.

The training and tastes of the woman were quite different. She had been reared to be self-reliant. She did try at first to make an adjustment along the lines desired by her husband, but finally it became necessary for her to undertake to provide for the maintenance of her home by taking a position.

She was very much chagrined by the situation in which she found herself. All the other members of her family were enjoying the comforts of life and she developed a dislike for attending family gatherings. She frequently declined invitations. If she did go, she was so obviously unhappy that all were glad when the event was over.

She gradually developed an enmity toward her husband and became a nagging wife. This only added to the difficulty of the situation. Living somewhat isolated and under the influence of a devoutly religious family in her community, she turned to the Church. In short order she became a religious ascetic. Her chief interest at this time was in strict attendance at church services and in elaborate religious procedures in her home. She became so devout that nothing except severe illness in her family would deter her from attending all church services. Often she would go away for

a week at a time to special conferences. So engrossed did she finally become that all contact with her former friends was lost.

Shortly her relationship to her husband became so very strained that a legal separation was sought and obtained. After this she returned to the home of her parents and was relieved of the financial strain which she had been enduring. Incidentally, she was removed from the neighborhood of the church of which she had been a member.

After perhaps a year's time when the shock of the divorce proceedings had somewhat subsided, she became very indifferent to religious matters, sought her old friends, and returned rather thoroughly to the mode of conduct which she had exhibited before her marriage.

N. B. This case shows the development of a religious tendency which served as a distraction type of sublimation device. It is interesting to notice that the sublimation was discarded as soon as its stimulus (an emotional situation) ceased to operate. A very mild form of inferiority reaction is shown.

Data supplied by M. L.

Case 8. *Showing ultra-conservatism, employed to avert failures. Inferiority reaction, possibly complicated by a mother-fixation.*

Charles Blank is a bachelor of forty-five years, living with his widowed mother. He is private secretary to a successful business man. He has two married brothers older than himself who are very successful financially. One is a millionaire.

Charles is very economical, carefully investing in safe securities all of his earnings which are meager in comparison with the incomes of the other members of his family.

His social life is limited to his family and his church. He talks incessantly about how and where to find happiness and apparently thinks seriously of marrying. In fact, he appraises the single women he meets with this in view, but he does not marry. He has a good baritone voice but he will not sing for visitors in the home, nor at church. He is restless, irritable, and extremely jealous of his mother's attention to even the most casual visitor.

When Charles was a child, his father used to amuse himself by telling ghost stories in the evenings. After the children had retired for the night, the father would drape himself in a sheet and, uttering gutteral sounds, would creep into the bedroom. Charles would go into paroxysms of terror. His mother tried to cure him of his developing fear of the dark by sending him on er-

rands at night. She even resorted to whippings when he showed fear and often in his presence expressed the opinion that he was a moron. She only succeeded in creating in him a marked inferiority attitude.

When Charles was about ten years of age, a fire-drill was held at his school. When the fire gong sounded, he ran all the way home to report that the building had burned to the ground. He described how the flames had leapt and roared.

When he went to college he found there a girl, slightly his senior, who was a friend of his family. He arranged to live in the same boarding house with her and evidently regarded her as his protectress. When he was invited to take some other girl to a dance he took his girl-friend along. Later she told his mother that he had been afraid to go home in the dark.

In search of a life work, Charles attended three different colleges at his father's expense. He studied stenography and bookkeeping, later began to prepare himself for the ministry, and finally wound up as a secretary. In speaking of the ministry, he made it clear that his interest was in "showing off" in the pulpit.

When the United States declared war, Charles found many excuses for not enlisting. When he

was taken in the draft, he developed " shell-shock " before embarkation and remained in this country. Now, when the war is mentioned, he gives evidence of high tension. When war, marriage, or the success of his brother's is referred to, he moves restlessly about. Often he will simply pace the floor, but sometimes he goes to his piano and begins to play. He has been observed to eat voraciously when nervous, an activity which has its parallel in thumb-sucking when he was frightened as a child.

Data supplied D. D. U.

Case 9. *Showing special treatment of an inferiority complex. The patient sought correction of stuttering.*

Due to the discovery of the existence of an inferiority complex, the analysis started under the assumption that this was caused by the stuttering with its inhibitory effect on social contacts. The unfolding of the case proved that the opposite of the primary assumption was the origin of the speech disability. Preliminary probing disclosed the fact that the father of the subject was also a stutterer, though only affected when under emotional tension. Sylvia insisted on the factor of inheritance from the paternal side of the family and was dissuaded from this conception with great

difficulty. The impossibility of congenital transfer of a speech difficulty wherein there was no abnormality of the vocal organs had to be presented at great length. Further investigation into the girl's history elicited some interesting information on how not to bring up children.

The stuttering had started at the age of seven or eight with encouragement by the mother who thought it very cute. Sylvia was the youngest of four children. Two of the children were brothers whose ages were greater than Sylvia's, and they do not appear to have played a significant rôle in the latter's development. A sister, however, who was just three years older than the patient, had attempted to suppress every aspiration and thought put out by the younger child since her birth. The sister was ably assisted by the mother. This seems to be a reverse of the usual procedure wherein the youngest child is the spoiled and petted member of the family circle. Sylvia had come late in her parents' life as an undesirable luxury, and she early became their device for tension reduction and emotional transference victim. The child promptly developed an inferiority complex, finding in her stuttering a way of attracting attention to herself, and becoming a person of consequence.

The significance of her early history was fully explained to the patient.

A study of the subject's dreams discloses a few normal sex phantasies and one of a recurrent type which was the basis of ensuing treatment. The dream in question showed her sister lying dead in the center of the street, the mother bending over the still body in great grief, and Sylvia herself watching from a window at a distance from the scene. The dream did not frighten her, but rather induced a feeling of relief. There is no deep or searching analysis required to show the sister as the focal point of a disturbing complex and the disposal of the sister as creating an emotionally valuable situation. The domination would cease under such circumstances.

During the analysis, positive suggestions were given in reference to the stuttering. Sylvia was repeatedly told that it was not necessary for her to stutter and that if she but had sufficient faith in the powers of the analyst she could be cured. After the inferiority complex had been explained, it was deemed wise to create an emotional situation with the sister dominated. The patient was instructed to slap her sister in the face at the next occasion on which there was interference. Sylvia was also told that her stuttering would surely

stop when she proceeded on these lines of action suggested to her.

The opportunity for a reprisal arose shortly and the patient took advantage of it exactly as directed. The sister was so thoroughly surprised that she did not retaliate. Sylvia was left in complete control of the environment and proceeded to tell her family the character of the treatment which she proposed to demand for the future. The increase in self-confidence which followed was enormous and the stuttering practically vanished. A residue can only be eliminated by constant effort and practice. Also, the changed attitude of the parents makes a situation to which it is much easier to adjust.

Data supplied by I. B.

Case 10. *Showing a typical case of compulsion. Treatment.*

At the time of the treatment, Miss B., a Junior High School teacher in a large middle western city, was about thirty-two years old. She had become increasingly alarmed by a compulsive tendency which she was at loss to understand. Whenever she was alone in her apartment reading, she would find herself becoming uneasy, and as this uneasiness increased, she was forced to look be-

hind her. She had a feeling that there was someone in the room and that, if she would suddenly turn her head, she would find something terrible behind her. This fear always increased in intensity until she turned. Even then it would not completely subside until complete inspection of the apartment had been made. Returning at length to her book, she would be able to concentrate for a time — from fifteen minutes to half an hour — and then the uneasiness would return, and with it a repetition of the whole absurd performance.

This compulsive tendency usually appeared only when the patient was alone in the apartment, rarely when anyone was at her call. As she shared an apartment with a young lady whose social obligations were numerous, she spent most of her evenings alone.

As a result of her ever-increasing worry about her disorder and the diminishing ability to concentrate, Miss B.'s efficiency was very much impaired. A certain amount of her school work had to be done at home and, in addition, she had undertaken some special studies at a University which required a great deal of reading.

Miss B. is an attractive woman of the petite type, but exceedingly retiring. It is doubtful whether the experimenter could have gained very

adequate information about her home life had he not been acquainted with certain of her intimate friends who had known her from childhood. From this source it was learned that Miss B.'s parents were Germans and that the mother had ruled the family in strict military fashion. This formidable lady regimented the children to that program which she conceived to be the one best way for the B. family to live. As a result of this, Miss B., while a child, was not permitted to play freely with other children or to entertain them in her home. Her freedom was otherwise restricted. She lived under the fear that she might return home one moment after schedule and bring down upon herself maternal discipline. Even as a student in Normal School, she had none of the freedom of her friends and associates. Up to the very time of her mother's death, she had never been permitted to have any voice in the selection of her own clothes.

The technique employed by the experimenter in this case was similar to that called "Uncontrolled Free-association." The patient was asked to close her eyes and relax completely. The experimenter sat directly in front of her with other observers in the background to avoid causing distraction. Upon being asked to attempt to re-live the ex-

perience which caused her to look behind her, she relaxed quite readily and showed every evidence of complete coöperation.

At first, the thing behind her was something large and terrible, but gradually it took the form of a man of huge proportions. At one point in the attempt to identify the man she was asked suddenly, "What are you thinking about now?" She recalled that several years before she was returning home from the theater late at night and alone, when a man jumped out from behind some bushes and made as if to grab her. She had eluded him, and, as her home was quite near, reached safety. With the relating of this episode it might be supposed that the problem had been solved. The experimenter, however, was not satisfied.

Miss B. was again asked to recall her old experiences of being alone in her apartment. She re-lived this with all the emotional elements in evidence. Then, over and over again the experience was rehearsed. Finally, after nearly three hours of questioning, and careful and sympathetic suggestion, she suddenly saw herself — a child — beating wildly against a locked door. At this moment, she recalled another, earlier episode.

Her mother had gone away for a visit, and left her two oldest children in charge of the house.

Miss B. heard her sisters planning a shopping expedition and begged to be taken. This plea was refused and, when she became annoyingly insistent, the girls locked her in a closet which was built under a small staircase. They went off and forgot the child. When they found her later she was in a state of terror. She remembers that she was fully convinced that some very horrible thing was lurking in the blackness behind her. The sisters themselves were much alarmed knowing that their mother would disapprove. So, with threats of punishment, they made the child promise never to tell. She simply repressed.

After the catharsis the patient recovered from her fear of being alone.

N. B. It is important that the analyst should not accept the first experience recalled as the source of a persisting phobia.

Data supplied by E. R. S.

Case 11. *Showing a failure of psychological catharsis to accomplish detachment. Repression involved.*

Betty is a sophomore in high school, about fifteen years old, and a very efficient student. One night she was returning to her home, alone, about ten P.M. The street was shaded and quite dark.

Near her home a man sprang from behind a tree and attacked her. Finally her struggles freed her and her screams brought assistance so that the man fled. This incident has left her in a decidedly nervous condition, and she has been unable to dismiss the subject for any length of time. Her attendance at school has been very irregular due to impaired health. She repeats the story many times each day, and will tell it over and over again to the same person. It has been thought best to allow her to tell the tale as often as she feels inclined to do so, but repetition has not helped.

N. B. In Chapter IV the point was made that the recall of an experience does not induce detachment, if the experience can not be assimilated by the patient. It is entirely possible that in this case the confronting of the sex problem has created an emotional attitude toward all men which involves repression.

Data supplied by K. E. K.

Case 12. *Showing a pseudo-phobia employed for its utility.*

P. was brought to the attention of the workers in a clinic by her mother who stated that the child had an unreasoning fear of closed doors.

She was brought to the clinic for examination

and it developed that she was an only child of Russian-Austrian-American extraction. The educational status of the parents is very good, the father having done some work at Columbia University and is at the present time assistant credit manager of a down-town bank. The mother has completed a normal school education.

On the Binet Test it was found that the child had a C. A. of 5.2 and a M. A. of 4.2, giving her an I. Q. of 87. However, the examiner felt that the child was highly emotional, since she showed definite disturbance at the door of the examining room which had been left almost closed.

Information secured from the mother revealed the fact that the child insisted that all of the doors at home be left open at all times so that there was free access from one room to another. However, the mother said that the child had learned that she could not control the opening and closing of other peoples' doors. Further examination showed that the reaction was definitely linked up with the mother as the child did not object to her father's locking the bathroom door, etc. It also developed that there was a "grandmother situation" in the home.

On another occasion both the grandmother and the mother came to the clinic and this helped to

throw considerable light on the home situation. The grandmother herself is given to severe fears of one sort and another. The child was badly "spoiled" and is a typical result of too much indulgence and unintelligent affection. Likewise, it is clear that there has been some imitation of the grandmother's fears, and that they are used as a means of control and as a bid for some attention. Already there is a turning from one adult to another to get ends. When her mother refuses to do something which she desires, the retort is, "Well, Grandmother will!"

The exact origin of the "closed door complex" was not determined, but the examiners felt after careful study and consultation that it was not due to a specific traumatic experience, but rather that it was a pattern of reaction, a tendency. Possibly the child employed the measure to gain admission to her mother's bedroom, when she did not wish to be alone in the dark.

The clinic recommended the following: (1) that the family adopt a regular routine for P.'s daily habits, such as eating, etc., and that all coaxing be abandoned; (2) that P.'s present methods of securing what she wants be rendered ineffective; (3) that the control of the child be entrusted to one of the parents; (4) that positive reactions be

conditioned to closed doors; (5) that all indulgence be stopped; (6) that P. be sent to a kindergarten where advantage might be taken of a broadened contact with normal children.

Data supplied by M. B. M.

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